

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025371

FILED VS AUG 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3677 STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City,</u>		c. CITY OR TOWN <u>Kansas City,</u>	
Length of stay in <u>29 Years</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> <u>Kansas City, Missouri</u>		d. STREET ADDRESS (If outside, give location) <u>6201 Wabash Street.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>Kirby</u> Last <u>Pulliam</u>			4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1959</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 13, 1897</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Mt. Vernon, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Oscar J. Pulliam</u>	13b. MOTHER'S MAIDEN NAME <u>Mary F. Strouse</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Marguerite Pulliam</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Mrs. Ella Marguerite Pulliam K. C. Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary thrombosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diverticulosis sigmoid colon.</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>7:30 p.m.</u> Month, Day, Year <u>7-28-59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Fort Smith Ark.</u>	COUNTY	STATE
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21. I attended the deceased from <u>4:30 p.m. 7-28-59</u> to <u>6:35 p.m. 7-28-59</u> and last saw him alive on <u>7-28-59</u> Death occurred at <u>St. Mary's Hospital</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>J. E. Castles MD</u> (Degree or title)	22b. ADDRESS <u>1002 Argyle Bldg., 306 E. 12th St.</u>	22c. DATE SIGNED <u>7-29-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>JULY 30, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROSE LAWN FORT SEM</u>	23d. LOCATION (City, town, or county) <u>FORT SMITH ARK.</u>	(State)
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24. FUNERAL DIRECTOR <u>D. W. Newcomer's Sons</u>	ADDRESS <u>1331 Brush Creek K. C. Missouri.</u>	25. DATE RECD. BY LOCAL REG. <u>7-29-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF J. E. Castles

Mr J. E. Castles  
Angyle Bld.  
P.M.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Vern Lawler*

Licensed Embalmer No.

*4915*

P. O. Address

*K.C.M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.