

REGISTRATION DISTRICT NO. 231 Primary Registration District No. Registrar's No. 161

STATE FILE NUMBER -60-023949

FILED VS JUL 5 1960

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Page</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lincoln Twp.</u>		Length of stay in 1b OR TOWN <u>Few Minute</u>	c. CITY OR TOWN <u>Clarinda</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi. S. Elmo on Hiway</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>823 E. State St.</u>
3. NAME OF DECEASED (Type or print) First <u>Darrell</u> Middle <u>Edward</u> Last <u>Pullen</u>		4. DATE OF DEATH Month <u>June</u> Day <u>24</u> Year <u>1960</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>7-22-1931</u>	9. AGE (last birthday) <u>28</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hisle Mfg. Corp.</u>		11. BIRTHPLACE (City and state or country) <u>Taylor Co. Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Raymond Pullen</u>	13b. MOTHER'S MAIDEN NAME <u>Esther Mary Stalder</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Brogan</u>
15. WAS DECEASED OVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Korean Conflict.</u>	16. SOCIAL SECURITY NO. <u>485-32-7210X</u>	17. INFORMANT <u>Gonzald Lee Pullen</u> Address <u>Clarinda, Iowa</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Automobile accident.

INTERVAL BETWEEN ONSET AND DEATH Instant.

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)

Pentec ulcer.

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Car he was driving struck a bridge bannister.</u>
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20c. TIME OF INJURY Hour \_\_\_\_\_ Month, Day, Year 7:10 Jun 24-60.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway C, 1/2 mi. south Elmo, Mo. Nodaway Co, Lincoln Twp.</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Jan. 30, 1960 to June 24, 1960 and last saw him alive on April 23, 1960

Death occurred at 2:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Harvey L. Ford</u> (Degree or title) <u>d.o.</u>	22b. ADDRESS <u>Elmo, Missouri</u>	22c. DATE SIGNED <u>Jun 28-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. &amp; Burial</u>	23b. DATE <u>6-27-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clarinda Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clarinda, Ia.</u>
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24. FUNERAL DIRECTOR <u>Davis Funeral Home</u> ADDRESS <u>Tarkio, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-29-60</u>	26. REGISTRAR'S SIGNATURE <u>Beas Bolt</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 6 1960

NOV 4 1961

AUG 24 1960

**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 John H. Davis

Licensed Embalmer No. 4869

P. O. Address Parkio, Mo.

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.