

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-026309**

FILED VS AUG 8 1960

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 1354-5317 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kelly TWP</b>		Length of stay in lb <b>Life</b>	c. CITY OR TOWN <b>Clarksburg</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7 Miles N.E.Tipton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7 Miles N.E.Tipton</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Ravencraft</b> Last <b>Pulley</b>			4. DATE OF DEATH <b>August, 2nd, 1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 22, 1872</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Lafayette County, Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A</b>	
13a. FATHER'S NAME <b>Richard S. Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Pulley</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph E. Pulley (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Anna Ravencraft Pulley, Clarksburg, Mo</b> Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Congestive Heart Failure**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cerebral Thrombosis & Prolonged Recumbency**

DUE TO (c) **Arteriosclerosis** **4 mo**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

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 <b>Clarksburg</b> COUNTY <b>Cooper</b> STATE <b>Miss</b>
21. I noticed the deceased from <b>July 25, 1960</b> to <b>Aug. 2, 1960</b> and last saw her alive on <b>Aug. 2, 1960</b> Death occurred at <b>9:00 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <b>Richard W. Callison D.O.</b> (Degree or title)	22b. ADDRESS <b>Bunceton, Mo.</b>	22c. DATE SIGNED <b>8-3-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 5, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>
24. FUNERAL DIRECTOR <b>Jewell E. Richards -- Tipton, Missouri</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>8/4/60</b>	26. REGISTRAR'S SIGNATURE <b>W. Hooper</b>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**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 James E. Richard

Licensed Embalmer No. 2466

P. O. Address Lepton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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.