URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-037924

STATE FILE NUMBER

FILED VS NOV 1 0 1960

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 210

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dunklin Co. Memorial
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 701 Wiggs
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: Lonzo Last: Pulley

4. DATE OF DEATH: Month: Oct. Day: 21 Year: 1960

5. SEX: Male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11,30,1882
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months: 10 Days: 21
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Cape GirardeauCo.Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jess Pulley
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Minnie Pulley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-10-1170
17. INFORMANT: Minnie Pulley Address: Kennett, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c): Generalized Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH:

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 ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-17-59, to 10-21-60 and last saw her/him alive on 10-21-60.
Death occurred at approximately 2:30am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] M.D. (Degree or title)
22b. ADDRESS: 217 College St. Kennett, Mo.
22c. DATE SIGNED: 10-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-23-1960
23c. NAME OF CEMETERY OR CREMATORY: Senath Cemetery
23d. LOCATION (City, town, or county) (State): Senath Missouri

24. FUNERAL DIRECTOR: McDaniel Funeral Ser. ADDRESS: Kennett, Mo.
25. DATE RECD. BY LOCAL REG.: 11-2-1960
26. REGISTRAR'S SIGNATURE: Earl Hinshaw

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

NOV 17 1960

NOV 17 1960

VS NOV 9 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 Tommy L. Doherty

Licensed Embalmer No. 4886

P. O. Address Kennett, [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co[illegible] 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.