# SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-002000

STATE FILE NUMBER

FILED VS JAN 23 1961

AMENDED

Registration District No. 69 Primary Registration District No. _____ Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Edina
Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence
Inside Limits: Yes X No ☐

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

3. NAME OF DECEASED (Type or print): First DORA Middle MAY Last PULIS

4. DATE OF DEATH: Month Jan Day 14 Year 1961

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6 May 1883
9. AGE (last birthday): 77
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): homekeener
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Knox County
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Wesley Kenoyer
13b. MOTHER'S MAIDEN NAME: Edith Benstine
14. NAME OF HUSBAND OR WIFE: Henry Pulis

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.: none
17. INFORMANT: Glen Pulis Address: Edina, Mo

MEDICAL CERTIFICATION

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

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Encephalomalacia | 3 mos. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Cerebral arteriosclerosis | 20 yrs. |
| DUE TO (c) | Generalized arteriosclerosis | 20 yrs. |

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 Oct. 16th 1958, to Jan 14th 1961 and last saw her alive on Jan 12th 1961
Death occurred at 2:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Francis Tarwydar M.D.
22b. ADDRESS: Edina Missouri
22c. DATE SIGNED: Jan 16th 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 16 Jan '61
23c. NAME OF CEMETERY OR CREMATORY: Linville Cemetery
23d. LOCATION (City, town, or county) (State): Edina, Missouri

24. FUNERAL DIRECTOR: HUDSON-RIMER FUNERAL HOME ADDRESS: Edina, Mo
25. DATE RECD. BY LOCAL REG.: Jan-16-1961
26. REGISTRAR'S SIGNATURE: Nell S. Hunsaker

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

US JAN 23 1961
JAN 24 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me,~~ or by A G Rimer, Student Embalmer No. 610

working under my personal supervision.

Student James W Rimer
Signature of Student Embalmer

Signed A G Rimer

Licensed Embalmer No. 5041

P. O. Address Edina, Mo

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.