

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-009999

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 345

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

<p><b>FILED APR 2 1962</b></p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>Buchanan</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b> Length of stay in 1b <b>8 months</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>805 North Second</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b></p> <p>c. CITY OR TOWN <b>Savannah</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>Savannah</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First <b>Pink</b> Middle Last <b>Pullin</b></p>		<p>4. DATE OF DEATH Month <b>March</b> Day <b>19</b> Year <b>1962</b></p>	
<p>5. SEX <b>female</b></p>	<p>6. COLOR OR RACE <b>white</b></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>8-17-78</b></p>
<p>9. AGE (last birthday) <b>83</b></p>		<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b></p>	
<p>11. BIRTHPLACE (City and state or country) <b>Andrew County, Mo.</b></p>		<p>12. CITIZEN OF WHAT COUNTRY <b>U S A</b></p>	
<p>13a. FATHER'S NAME <b>Elizah Hurst</b></p>		<p>13b. MOTHER'S MAIDEN NAME <b>Margaret Best</b></p>	
<p>14. NAME OF HUSBAND OR WIFE <b>Russell Pullin</b></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b></p>	
<p>16. SOCIAL SECURITY NO. <b>- - -</b></p>		<p>17. INFORMANT <b>Noble Hurst</b> Address <b>805 North Second St. St. Joseph, Mo.</b></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Arterio-sclerotic heart disease</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fractured hip, December, 1960</b></p>			<p>INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b></p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <b>6-12-50</b> to <b>3-19-62</b> and last saw her alive on <b>10-25-61</b></p> <p>Death occurred at <b>1:00 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <i>Dr. B. Kelley</i></p>		<p>22b. ADDRESS <b>Savannah, Missouri</b></p>	
<p>22c. DATE SIGNED <b>3-20-62</b></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b></p>	
<p>23b. DATE <b>3-19-62</b></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b></p>	
<p>23d. LOCATION (City, town, or county) (State) <b>Savannah, Missouri</b></p>		<p>24. FUNERAL DIRECTOR ADDRESS <b>BREIT &amp; HAWKINS SAVANNAH</b></p>	
<p>25. DATE RECD. BY LOCAL REG. <b>Mar. 25, 1962</b></p>		<p>26. REGISTRAR'S SIGNATURE <i>Wm. Clark Standell</i></p>	

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF *B. Kelley, M.D.*

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 4535

P. O. Address Savannah

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.