

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

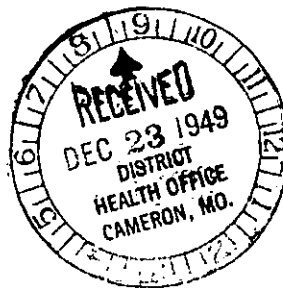
State File No. 41645

BIRTH NO.		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 196	
1. PLACE OF DEATH a. COUNTY Livingston b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe c. LENGTH OF STAY (in this place) 1 mo. d. FULL NAME OF HOSPITAL OR INSTITUTION 20 Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purdin d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) c. (Last) Pulliam		4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1949		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 31 1971		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months 1 Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former Ret.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Livingston Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Pulliam		13b. MOTHER'S MAIDEN NAME Annie Cassidy		14. NAME OF HUSBAND OR WIFE Rhoda		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva Helms - Chillicothe, Mo.		18. ADDRESS		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis b. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. c. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. INTERVAL BETWEEN ONSET AND DEATH 422.2		21. DATE OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Dec 20, 1949, to Dec 20, 1949, that I last saw the deceased alive on Dec 20, 1949 and that death occurred at 3:00 p.m., from the causes and on the date stated above.		23. SIGNATURE Joseph F. Gale (Degree or title) 1st Surg.	
23a. ADDRESS Chillicothe, Mo.		23b. DATE SIGNED 12-20-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/20/49	
24c. NAME OF CEMETERY OR CREMATORY Browning		24d. LOCATION (City, town, or county) Browning, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE		25b. ADDRESS	
25a. DATE REC'D BY LOCAL REG. Dec 20/49		25c. REGISTRAR'S SIGNATURE Frances B. Neill		25d. FUNERAL DIRECTOR'S SIGNATURE Donald B. Broun		25e. ADDRESS Chillicothe, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 3 1950



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 .....  
Student Embalmer

Signed

*Herald I. Wade*

Licensed Embalmer No. 4172

P. O. Address Browning, 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 this body is not embalmed, fact should be so stated above.