

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

740

FILED JAN 21 1957

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 5317 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kelly TWP</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Clarksburg</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 N.E. Tipton</u>				Length of stay in lb <u>Lifetime</u>		d. STREET ADDRESS (If outside, give location) <u>8 Miles N E Tipton.</u>	
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Edward</u> Last <u>Pulley</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>15</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov 12, 1874</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Tipton, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edward Pulley</u>				14. MOTHER'S MAIDEN NAME <u>Sarelda Pulley</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>488-42-8888</u>		17. INFORMANT <u>Mrs Jack Morris. Clarksburg, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal Obstruction</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>Tumor of left colon</u> DUE TO (c) <u>Cerebral thrombosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 known</u> <u>2 months</u>	
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 <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>							
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 <u>Tipton, Missouri.</u>				20g. COUNTY <u>Missouri.</u>			
21. I attended the deceased from <u>Nov. 1956</u> to <u>Jan 15, 1957</u> and last saw her alive on <u>Jan 14, 1957</u> Death occurred at <u>8:00</u> a. m. on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <u>Jack J. J. J. J.</u> (Dedicate title)				22b. ADDRESS <u>Cersailles, Mo.</u>			
22c. DATE SIGNED <u>1.15.57</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 17, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Tipton Masonic Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Tipton, Missouri.</u>	
24. FUNERAL DIRECTOR <u>James E. Richardson</u> ADDRESS <u>Tipton</u>				25. DATE RECD. BY LOCAL REG. <u>1/16/57</u>		26. REGISTRAR'S SIGNATURE <u>St. Hooper</u>	

JAN 23 1958
FEB 26 1958

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 E. Richardson*

Licensed Embalmer No. *24*

P. O. Address *Lepton*

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