

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0002372

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 385 Primary Registration District No. 3038 Registrar's No.

VS 300
Rev. 4/59

1 0585
2 0580
3
4 1
5 1
6
7 0
8 2
9 9
10 8
11
12 2-0
13 2-0

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. CITY (If outside corporate limits, give TOWNSHIP only) b. COUNTY c. FULL NAME OF (If NOT a hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First Middle Last		4. DATE OF DEATH Month Day Year	
5. SEX Female		6. COLOR OR RACE White	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/4/1900	
9. AGE (last birthday) 64		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) Browning, Mo.		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Oscar S. Stone		13b. MOTHER'S MAIDEN NAME Nellie Warren Stone	
14. NAME OF HUSBAND OR WIFE Jess Pulliam		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO. 500-28-7454		17. INFORMANT Jess Pulliam	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Preliminary embolism with infarction DUE TO (b) Thrombosis and pleural effusion left DUE TO (c) Post operative thrombophlebitis following laparotomy 1-14-65 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease or condition given in PART I (a) Coronary sclerosis and myocardial ischemia PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 14 days 15 days	
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 a.m. p.m. Month, Day, Year	
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		COUNTY STATE	
21. I attended the deceased from 11-25-64 to 2-1-65 and last saw her alive on 2-8-65 Death occurred at 11:58 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John R. Ralston M.D.		22b. ADDRESS Brookfield Mo	
22c. DATE SIGNED 2-3-65		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 2/4		23c. NAME OF CEMETERY OR CREMATORY Purdin Cemetery	
23d. LOCATION (City, town, or county) Purdin, Mo.		23e. (State)	
24. FUNERAL DIRECTOR Wade Funeral Home		25. DATE RECD. BY LOCAL REG. 2-6-65	
26. REGISTRAR'S SIGNATURE Anna Watson per R.S.D.		27. (State)	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

0005373

Lin

FEB 19 1965

0005373

Brookfield, Mo.

Perishable New Hospital

Polish

Wyle

Viva

White

Female

Housewife

Oscar S Stone

United States

Browning, Mo.

Jess Poliam

Nellie Warren Stone

Burdin, Mo.

500-28-747 Jess Poliam

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 Gerald T. Wady

Licensed Embalmer No. 4172

P. O. Address Browning

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.

Burdin Cemetery

Browning, Mo.

Wade Funeral Home

Burdin

No permit issued