

FILED DEC 12 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0045742

CERTIFICATE OF DEATH

Registration District No. 385 Primary Registration District No. 3438 Registrar's No. 283DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. GEORGE RAY PULLIAM		2. Male	3. December 4, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 77	6. March 3, 1891	7a. Linn
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Brookfield		7c. Yes	
7d. Whitehaven Home		7e. Whitehaven Home	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8. Missouri		9. USA	10. Married
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
11. 497-12-0820		11. Bessie Ross	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. Retired Farmer and Carpenter			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
13a. Missouri	13b. Linn	13c. Brookfield	13d. 611 Crosby St.,
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
14. Willard Pulliam		14. Elizabeth Hoover	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
15. Mrs. Bessie Pulliam		15. 611 Crosby St., Brookfield, Mo. 64628	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
16. IMMEDIATE CAUSE			
(a) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF:			3 days.
(b) Cerebral vascular accident DUE TO, OR AS A CONSEQUENCE OF:			1 wk.
(c) Embolism DUE TO, OR AS A CONSEQUENCE OF:			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
17. Chronic Bronchitis, Pneumonia, Atherosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
18. Chronic Bronchitis, Pneumonia, Atherosclerosis			19a. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			19b. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. —	20b. —	20c. —	20d. —
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
21a. —	21b. —	21c. —	21d. —
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH
22a. 11/1/68	22b. 12/4/68	22c. 12/4/68	22d. Yes
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD
23a. —		23b. —	23c. —
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
24a. R. W. Dobson	24b. R. W. Dobson	24c. M.D.	24d. 12-5-68
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
25a. 125 E. Locking	25b. —	25c. Brookfield	25d. Mo.
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN
26a. Burial	26b. Purdin Cemetery	26c. Purdin,	26d. Mo
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
27a. Dec. 7, 1968	27b. Hill Funeral Home 117 S. Main St., Brookfield, Mo. 64628		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
28a. W. S. Baker	28b. Anna Wetson	28c. 12-8-68	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0

10a. 77

10b. 86

11. 0

12. 1

13. 4369

14. 4

15. 4

16. 0585

17. 0

18. 0

19. CREDITS

20. 2-0

12-27-68

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 Geo. W. Navalt

Licensed Embalmer No. 4799

P. O. Address Brookfield, 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.