

CERTIFICATE OF DEATH

Registration District No. **182**

Primary Registration District No. **124**  
**4297**  
**5683**

Registrar's No.

**69-007869**

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/68

9. 0  
10a. 70  
10b.  
11. 0  
12. 1  
13. 4109  
14.  
15. 9  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-0

4. 0580

5. 90

DECEASED

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

6. 0580

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST <b>Jess Owen Pulliam</b>		SEX <b>M</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>2/26/1969</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>	AGE—LAST BIRTHDAY (YEARS) <b>70</b>	UNDER 1 YEAR MO. DAYS <b>56. 26</b>	UNDER 1 DAY HOURS MIN. <b>14. 49</b>
DATE OF BIRTH (MONTH, DAY, YEAR) <b>Aug 28 1898</b>		COUNTY OF DEATH <b>Linn</b>	
CITY, TOWN, OR LOCATION OF DEATH <b>Purdin</b>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Family Home</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Missouri</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Eva Pulliam</b>
SOCIAL SECURITY NUMBER <b>488 40 8124</b>		KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Retired</b>			
RESIDENCE—STATE <b>Mo</b>	COUNTY <b>Linn</b>	CITY, TOWN, OR LOCATION <b>Purdin</b>	STREET AND NUMBER <b>64674</b>
FATHER—NAME FIRST MIDDLE LAST <b>William Pulliam</b>	MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Ella Elston</b>		
INFORMANT—NAME <b>Eva Pulliam</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Purdin Mo 64674</b>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1b. IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO, OR AS A CONSEQUENCE OF:			<b>Immediate</b>
(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a. <b>No</b>
			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b.) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. <b>8 1 65 TO</b>	MONTH DAY YEAR 21b. <b>2 26 69</b>	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. <b>2/26 1969</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <b>did</b>
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. 22a.		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR 22b. <b>M. 22b.</b>	
CERTIFIER—NAME (TYPE OR PRINT) <b>T.R. M: Axtor, M.D.</b>	SIGNATURE <b>T.R. M: Axtor</b>	DEGREE OR TITLE <b>M.D.</b>	DATE SIGNED (MONTH, DAY, YEAR) 23c.
MAILING ADDRESS—CERTIFIER 23d.		CITY OR TOWN <b>Browning</b>	STATE <b>Mo</b>
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		CEMETERY OR CREMATORY—NAME <b>Purdin</b>	LOCATION <b>Purdin Mo</b>
DATE <b>2/28/1969</b>	FUNERAL HOME—NAME AND ADDRESS <b>Wade Funeral Home</b>	CITY OR TOWN <b>Browning Mo</b>	STATE <b>Mo</b>
FUNERAL DIRECTOR—SIGNATURE <b>Gerald Wade</b>	REGISTRAR—SIGNATURE <b>Laverne M. Moore</b>	DATE RECEIVED BY LOCAL REGISTRAR <b>3/5/1969</b>	

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

MAR 19 1969

APR 1 1969

### 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 F. Wade

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.