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DO NOT WRITE
ON THIS STUB

FILED

CERTIFICATE OF DEATH

APR 3 - 1972

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 83

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Nora Gertrude Pulliam</u>		7. <u>F</u>	3. <u>3-28-1972</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
4. <u>white</u>		5a. <u>81</u>	5b. <u></u>	5c. <u></u>
CITY, TOWN, OR LOCATION OF DEATH		6. <u>Oct. 30, 1890</u>		
7a. <u>Chillicothe, Mo</u>		7b. <u>yes</u>		
7c. <u>Chillicothe Hospital</u>		7d. <u>Chillicothe Hospital</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8. <u>Mo.</u>		9. <u>USA</u>		10. <u>widowed</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY
498-54-3079T		13b. <u>housewife</u>		13c. <u></u>
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)
14a. <u>Mo.</u>		14b. <u>Linn</u>	14c. <u>rural Putdin</u>	14d. <u>no</u>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. <u>John Buswell</u>		16. <u>Susan M Cornett</u>		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. <u>Charles E. Pulliam</u>		17b. <u>Purdin, Mo.</u>		
PART I. DEATH WAS CAUSED BY:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a) <u>Carcinoma of stomach</u>				2 yrs.
DUE TO, OR AS A CONSEQUENCE OF:				
(b) <u></u>				
DUE TO, OR AS A CONSEQUENCE OF:				
(c) <u></u>				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)
20a. <u></u>				20b. <u></u>
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)
20c. <u></u>	20d. <u></u>	20e. <u></u>	20f. <u></u>	20g. <u></u>
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)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20h. <u></u>	20i. <u></u>	20j. <u></u>	20k. <u></u>	20l. <u></u>
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		TO	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.
21a. <u>10-28-69</u>		21b. <u>3-28-72</u>	21c. <u>3-27-72</u>	21d. <u>did not</u>
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	DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a. <u>7:30 A.</u>		22b. <u>3</u>	22c. <u>28-72</u>	22d. <u>7:30 A.</u>
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. <u>D.M. Dowell, M.D.</u>		23b. <u>D.M. Dowell, M.D.</u>	23c. <u>3-31-72</u>	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN	STATE
23d. <u>913 Webster</u>		23e. <u>Chillicothe</u>	23f. <u>MO</u>	23g. <u>64601</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN
24a. <u>burial</u>		24b. <u>Furdin</u>	24c. <u>Purdin, Mo.</u>	24d. <u></u>
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24e. <u>3-30-1972</u>		24f. <u>Wade Funeral Home, Browning, Mo. 64630</u>		
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>Gerald J. J. J.</u>		25b. <u>Mildred D. H. H.</u>	25c. <u>March 31, 1972</u>	

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

PARENTS

CAUSE

CERTIFIER

BURIAL

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

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 I. Wadley

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.