

124 74 012662

FILED

CERTIFICATE OF DEATH

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 90

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 11/72

7b-c 0675
7d. 10096
8. 29
14a. 29
14b. 049
14c-d 0675
14e. 045
23. 1031631
26a. 4
18-U. 4109
18-S-1. 8
18-S-2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

DECEASED

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

PARENTS

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. FRANK		LEW	PULLEY	Male	3. June 18, 1974		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 85yr	5b. 8	5c. 1	6. Sept 6, 1888		7a. Clinton
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Cameron		7c. Yes		7d. Cameron Comm. Hosp.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. U.S.A.		10. Married		11. Frances Stokes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 500-36-1279A		13a. Attorney At Law		13b. Law Practise			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION, ZIP CODE	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	STREET AND NUMBER	
14a. Mo.		14b. Clinton	14c. Cameron	14d. Yes	14e. Shoal	14f. 620 S. Walnut	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. John		Pulley			16. Frances L.		Patton
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Frances Pulley		17b. 620 S. Walnut Cameron Mo. 64429					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE							
(a) Medullary Failure		DUE TO, OR AS A CONSEQUENCE OF:					Seconds
(b) Coronary occlusion		DUE TO, OR AS A CONSEQUENCE OF:					Minutes
(c) Advanced arteriosclerotic cardiovasc. disease		Years					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		Carcinoma of prostate					
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)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS			
20e.		20f.	20g.	20h. YES NO UNK			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED FROM		1	4	72	21b. 6	18	74
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 DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.		5:30 A.M.		22b. 6		22c. 18 74 5:30 A.M.	
CERTIFIER—NAME (TYPE OR PRINT)		MO. LICENSE NO.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Byron D. McClure		23b. 31631		23c. [Signature]		23d. 6-19-74	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP	
23e. 309		North Groat		Cameron	Missouri	64429	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial		24b. Graceland Cem.		24c. Cameron		Mo.	
DATE		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
24d. June 20, 1974		24e. Poland-Thompson F.H.		24f. 222 W. 3rd Cameron Mo. 64429			
FUNERAL DIRECTOR—SIGNATURE		REG. NO.	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. [Signature]		25b. 599	25c. [Signature]		25d. 6-20-74		

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

010 2105 1974 JUL 2 105

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

Lawrence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.

47-02-2 28109 4735 2105