

124

STATE FILE NUMBER  
69 0032551

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 420

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/68

9. 0  
10a. 74  
10b.  
11. 1  
12. 1  
13. 2001  
14. 4  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-0

DECEASED

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

6.0681

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <b>Ralph Pullen</b>		2. <b>Male</b>	3. <b>Sept. 3, 1969</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
4. <b>white</b>	5a. <b>74</b>	5b.	5c.
CITY, TOWN, OR LOCATION OF DEATH		DATE OF BIRTH (MONTH, DAY, YEAR)	
7b. <b>Jefferson City</b>		6. <b>11-26-1894</b>	
INSIDE CITY LIMITS (SPECIFY YES OR NO)		COUNTY OF DEATH	
7c. <b>yes</b>		7a. <b>Cole</b>	
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7d. <b>St. Mary Hospital</b>			
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. <b>Illinois</b>	9. <b>USA</b>	10. <b>Married</b>	11. <b>Anna Margaret Kiely</b>
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12.	13a. <b>Theater Manager</b>	13b. <b>Retired</b>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)
14a. <b>Missouri</b>	14b. <b>Moniteau</b>	14c. <b>California</b>	14d. <b>yes</b>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. <b>Elijah Pullen</b>		16. <b>Frank Jenny</b>	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. <b>Mrs. Anna Margaret Pullen</b>		17b. <b>502 E. Howard Calif., Mo. 65018</b>	
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) <b>Lymphosarcoma</b>		15 yrs	
(b) <b>Bronchopneumonia</b>			
(c) <b>Hypoplastic Anemia</b>			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO) 19a. <input checked="" type="checkbox"/> 19b.	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.			
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)	
20e.	20f.	20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a.	21b. <b>9/3/69</b>	21c. <b>9/3/69</b>	21d. <b>Deceased</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.	HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.	22b.	22c.	22d.
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE & TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. <b>Robert Bregant</b>	23b. <b>Robert Bregant M.D.</b>	23c. <b>M.D.</b>	23d. <b>9/5/69</b>
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
23e. <b>515 E. High</b>	23f. <b>Jefferson City</b>	23g. <b>Missouri</b>	23h. <b>65018</b>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY	LOCATION	CITY OR TOWN STATE
24a. <b>Removal-Burial</b>	24b. <b>Masonic Cemetery</b>	24c. <b>California, Missouri</b>	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. <b>9-4-69</b>	24e. <b>Williams Funeral Home</b>	24f. <b>2115. Oak Calif. Mo. 65018</b>	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. <b>Wm. Woodard</b>	25b. <b>Berna Miller</b>	25c. <b>9-6-69</b>	

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 \_\_\_\_\_

*Wayne A. Westland*

Licensed Embalmer No. 5172

P. O. Address

*Caligaris, 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.