

STANDARD CERTIFICATE OF DEATH

State File No.

WED MAR 10 1952

BIRTH NO. 124 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 3231 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) DESOTO		c. CITY (If outside corporate limits, write RURAL and give township) BONNE TERRE 0940	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) R.T. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 422 N. MAIN ST.			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) BELLE c. (Last) PULLEN			4. DATE OF DEATH (Month) (Day) (Year) FEB. 23. 1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MARCH 4, 1872		9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Days 11 IF UNDER 24 HRS. Hours 19 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY V.		11. BIRTHPLACE (State or foreign country) STE. GENEVIEVE Co., Mo	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME GEORGE W. MCKEE		13b. MOTHER'S MAIDEN NAME MARGARET CLINGMAN		14. NAME OF HUSBAND OR WIFE JAMES L. PULLEN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE, OR, NAME ORVILLE PULLEN ADDRESS R. BONNE TERRE Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) Coronary Arteriosclerosis & Sclerosis		DUE TO (b) Cardiac Decompensation			2 wks.	
		DUE TO (c) _____			no. of yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb. 6, 1952**, to **Feb. 23, 1952**, that I last saw the deceased alive on **Feb. 23, 1952**, and that death occurred at **4:15 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. E. Orrin, M.D. (Degree or title)		23b. ADDRESS Desoto, Mo.		23c. DATE SIGNED 2/27/52	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE FEB 26, 1952		24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE		24d. LOCATION (City, town, or county) (State) BONNE TERRE Mo.	
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DATE REC'D BY LOCAL REG. 2-29-52		REGISTRAR'S SIGNATURE Marie Ferris		25. FUNERAL DIRECTOR'S SIGNATURE Bertram Phillips ADDRESS Bonneterrre Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DATE RECEIVED MAR 3 1952
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Raymond J. Hayward*

Licensed Embalmer No. *3706*

P. O. Address *Grandview 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 this body is not embalmed, fact should be so stated above.