

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1776

BIRTH NO. _____ REG. DIST. NO. 9 PRIMARY REG. DIST. NO. 1297 Registrar's No. 1-1951

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdin</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> b. (Middle) <u>M</u> c. (Last) <u>Pulliam</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>20</u> (Year) <u>51</u>	
5. SEX <u>fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED <u>2</u> (Specify)	8. DATE OF BIRTH <u>Sept 7, 1877</u>
9. AGE (In years, months, days) <u>73</u>	IF UNDER 1 YEAR <u>3</u> (Specify)	IF UNDER 1 YEAR <u>29</u> (Specify)	IF UNDER 1 YEAR <u>Hours</u> <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>William Cassity</u>	
13b. MOTHER'S MAIDEN NAME <u>Louisa Jones</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rosetta Wokler Purdin</u>		ADDRESS <u>Purdin</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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) (Min.)		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 <u>Dec. 3, 1950</u> , to <u>Jan. 15, 1951</u> , that I last saw the deceased alive on <u>Jan 15, 1951</u> , and that death occurred at <u>5:45 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J.R. Martin</u>		23b. ADDRESS <u>Browning, Mo.</u>	
23c. DATE SIGNED <u>1-22-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>	
24b. DATE <u>1-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Purdin</u>	
24d. LOCATION (City, town, or county) (State) <u>Purdin Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u> ADDRESS <u>Browning, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 24, 1951</u>		REGISTRAR'S SIGNATURE <u>Elna C. ...</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0580

FEB 22 1951

Date Received: 1-29-51
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed:

Date Received: 1-29-51
DISTRICT HEALTH OFFICE #2
District File Number 2-51-305
Date Filed: FEB 6 1951

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 _____
Student Embalmer

Signed Gerard J. Wade

Licensed Embalmer No. 4172

P. O. Address Brownington

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.