

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **16339**

FILED JUN 14 1955

No. 300
10.48
6899

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 6021		Registrar's No. 35			
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Ray	
b. CITY OR TOWN Rural - Maple Grove		c. LENGTH OF STAY (in this place) 72 years		c. CITY OR TOWN Richmond		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 miles north Millville				e. STREET ADDRESS (If rural, give location) 2 1/2 miles north Millville				0890	
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Levi		c. (Last) Pulse		4. DATE OF DEATH (Month) (Day) (Year) June 1, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH April 24, 1883		9. AGE (in years last birthday) 72 if UNDER 1 YEAR: Months 1 Days 10 if UNDER 24 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Frank Pulse			13b. MOTHER'S MAIDEN NAME Rutha A. Boyer			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Rayner Pulse, Richmond, Mo. P.F.D.#3				ADDRESS	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myelogenous Leukemia						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 2041							
		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 _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 1	
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 Mar. 18, 1955 , to June 1, 1955 , that I last saw the deceased alive on May 19, 1955 , and that death occurred at 3:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C. E. Goldberg M.D.				23b. ADDRESS 3 Braymer, Mo.				23c. DATE SIGNED 6/3/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 4, 1955		24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		24d. LOCATION (City, town, or county) (State) Ray County, Missouri			
DATE REC'D BY LOCAL REG. June 8 - 1955		REGISTRAR'S SIGNATURE Mabel Johnson		273		25. FUNERAL DIRECTOR'S SIGNATURE Wuest-Hick Funeral Home		ADDRESS Richmond, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

St. Ju

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 *[Handwritten Signature]*.....
Licensed Embalmer No. *400*

P. O. Address *[Handwritten Address]*

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.