

FILED JUN 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18789

State File No. ....

BIRTH NO. .... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 800

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>	
c. LENGTH OF STAY (in this place) <u>Since 5-24-49</u>		d. STREET ADDRESS (If rural, give location) <u>!</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. # 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Gurley</u> c. (Last) <u>Gurley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5-1949</u>		
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5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 20-1910</u>		9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR Days <u>10</u> Hours <u>15</u> Min.		IF UNDER 24 HRS. Hours <u>15</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm hand</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Jno. Gurley</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Crownover</u>			14. NAME OF HUSBAND OR WIFE <u>—</u>		
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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) <u>N.K.</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hosp. records</u>		ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Homicide at hands of fellow inmate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>6-5-49</u>	
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19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., mo.) <u>Kitchen 7 Eggs Bldg</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Callaway Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 5-49 8:30 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fellow inmate welding a chain</u>	
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22. I hereby certify that I attended the deceased from 5-24, 1946, to 6-5, 1949, that I last saw the deceased alive on 6-4, 1949, and that death occurred at 8:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. S. Tate M.D.</u>		23b. ADDRESS <u>State Hosp. # 1 Fulton Mo.</u>		23c. DATE SIGNED <u>June 5/1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp. Cemetery Fulton</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>June 9-1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chang Weeks</u>		ADDRESS <u>Fulton, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

14  
4

RECEIVED

District Health Officer No. 9,

District File Number

JUN 16 1949

Date Filed

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.....

Licensed Embalmer No.....

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