

No. 300
10-48

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39892

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 4URB Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ILLMO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ILLMO</u>	
c. LENGTH OF STAY (In this place) <u>53 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>TONY</u>	b. (Middle)	c. (Last) <u>GULLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 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>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 5 1896</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>SHOE WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE</u>	11. BIRTHPLACE (State or foreign country) <u>NEAR ILLMO, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>SILAS GULLEY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY CLUDD</u>	14. NAME OF HUSBAND OR WIFE <u>TISH GULLEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>DON'T KNOW</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Theodore Gulley</u>	ADDRESS <u>Illmo, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma</u> DUE TO (c) <u>PIU.</u>		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 16, 1944, to Nov. 5, 1949, that I last saw the deceased alive on Nov 4, 1949, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Denton Wilson</u>	23b. ADDRESS <u>D.O. 2, Springfield, Mo.</u>	23c. DATE SIGNED <u>Nov 7, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LIGHTNER</u>	24d. LOCATION (City, town, or county) (State) <u>ILLMO, MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-7-49</u>	REGISTRAR'S SIGNATURE <u>S. F. [Signature]</u> <u>300</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Illmo, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 14 194
District Health Office No.
District File Number 1149-11
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

working under my personal supervision.

Student Embalmer No.

Signed *Oliver C. Smith*

Signed.....
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address *Illino 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.