

Callahan

No. 300
10.48

FILED MAR 9 1950 STANDARD CERTIFICATE OF DEATH

State File No. 4698

BIRTH NO. 7539-50 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Howell			2. USUAL RESIDENCE (Where deceased lived. If institution, register before admission) a. STATE Mo. b. COUNTY Howell		
b. CITY (If outside corporate limits, write RURAL and give township) West Plains		c. LENGTH OF STAY (in this place) 5 hours	c. CITY (If outside corporate limits, write RURAL and give township) Mountain View		
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan			d. STREET ADDRESS (If rural, give locality) Route #1		

3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Dean		c. (Last) Gulley		4. DATE OF DEATH (Month) (Day) (Year) Feb 14-1950	
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5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant		8. DATE OF BIRTH Feb 14-1950		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. 5	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) West Plains, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Charles Gulley			13b. MOTHER'S MAIDEN NAME Ruth Weeks			14. NAME OF HUSBAND OR WIFE none		
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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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Gulley Mtn View, 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) Unknown 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.						INTERVAL BETWEEN ONSET AND DEATH 5 hrs.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 2/14, 1950, to 2/14, 1950, that I last saw the deceased alive on 2/14, 1950, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE Ch. Callahan M.D. (Degree or title)		23b. ADDRESS West Plains		23c. DATE SIGNED 2/25/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-15-50		24c. NAME OF CEMETERY OR CREMATORY Walker Chapel		24d. LOCATION (City, town, or county) (State) Trask, Mo.	
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DATE REC'D BY LOCAL REG. 2-24-50		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

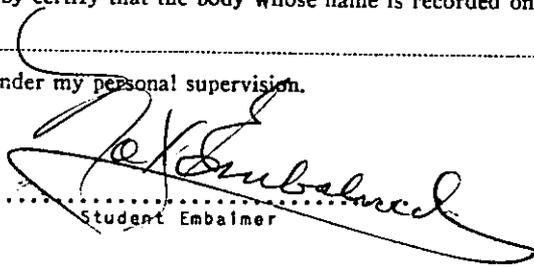
RECEIVED 2/27/50
District Health Officer No. 6,
District File Number 350-137
Date Filed 3/3/50

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.....

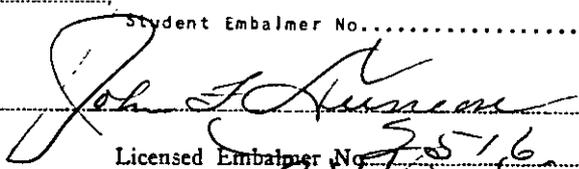
.....
working under my personal supervision.

Signed.....
Student Embalmer



..... Student Embalmer No.....

Signed.....



..... Licensed Embalmer No. 3516

P. O. Address 1714 W. 1st St.

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.