

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5885 Registrar's No. 16

1. PLACE OF DEATH  
a. COUNTY Ozark  
b. CITY (If outside corporate limits, write RURAL and give town) Wilhoit Rural, Barrebfork  
c. LENGTH OF STAY (in this place) 50 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Barrenfork Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Ozark  
c. CITY (If outside corporate limits, write RURAL and give town) Wilhoit, Rural Barrebfork Township  
d. STREET ADDRESS (If rural, give location) Ozark, Co Barrenfork Twp

3. NAME OF DECEASED  
a. (First) William b. (Middle) \_\_\_\_\_ c. (Last) Gullett  
4. DATE OF DEATH (Month) (Day) (Year) April 1 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Feb. 17, 1878 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 1 Days 15 IF UNDER 12 HRS. Hours 1 Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming  
10b. KIND OF BUSINESS OR INDUSTRY Farming  
11. BIRTHPLACE (State or foreign country) State Of Ohio  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Peter Gullett 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Florence Gullett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME Dallas Gullett (Son) ADDRESS Kansas City Kan. Mo.

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardiac Decompensation  
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.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_  
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from May 13, 1949, to April 1, 1950, that I last saw the deceased alive on Mar 31, 1950, and that death occurred at 11:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Hoerman, D.O. 23b. ADDRESS Gainesville, Mo. 23c. DATE SIGNED 4-3-50

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE April 4, 1950 24c. NAME OF CEMETERY OR CREMATORY Loftis Cemetery 24d. LOCATION (City, town, or county) (State) Ozark Co Missouri

DATE REC'D BY LOCAL REG. 4-4-50 REGISTRAR'S SIGNATURE William Poywell 405 25. FUNERAL DIRECTOR'S SIGNATURE Cherkinghead Funeral Home ADDRESS Gainesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0770

RECEIVED APR 12 1950  
District Health Office No. 6,  
District File Number 450-440  
Date Filed 4-12-50

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.....

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles A. Roof  
.....

Licensed Embalmer No. 3044

P. O. Address Gainesville

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.