

No. 200  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35765

State File No. \_\_\_\_\_

1952 OCT 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>209</u>	PRIMARY REG. DIST. NO. <u>3073</u>	Registrar's No. <u>326</u>
1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hunnell</u> <u>10-27</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles west on Hwy 36</u>		d. STREET ADDRESS (If rural, give location) <u>Main Street</u>		
3. NAME OF DECEASED (Type or Print) <u>Joseph E. Gulick</u>		a. (First)	b. (Middle)	c. (Last)
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>
8. DATE OF BIRTH <u>April 11, 1931</u>		9. AGE (In years last birthday) <u>21</u>		# UNDER 1 YEAR <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>US AF</u>		13a. FATHER'S NAME <u>Franklin Gulick</u>		
13b. MOTHER'S MAIDEN NAME <u>Annie Craven</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>Korean</u>		16. SOCIAL SECURITY NO. <u>489-32-1598</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Victoria Gulick</u>
17. ADDRESS <u>Hunnell Missouri</u>		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) <u>Multiple injuries</u>		MEDICAL CERTIFICATION		
ANTECEDENT CAUSES <u>Automobile accident</u>		DUE TO (b) _____		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 36</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 11, 1952</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>902 Broadway</u>
23c. DATE SIGNED <u>10/11/52</u>		23d. LOCATION (City, town, or county) (State) <u>Hunnell Missouri</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/12/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Hunnell Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		
25. ADDRESS <u>Monroe Cal Mo</u>		DATE REC'D BY LOCAL REG. <u>10-15-52</u>		
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. ADDRESS <u>Monroe Cal Mo</u>		

4403

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 22 1952  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 22 1952

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 H Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal 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.