

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9306**

FILED **MAR 29 1954**

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5670** Registrar's No. **17**

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| 1. PLACE OF DEATH a. COUNTY Lincoln | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural (Nineva Twp) (township)) | | c. CITY (If outside corporate limits, write RURAL and give township) 0570 OR TOWN Rural (Nineva Twp) 0 | |
| c. LENGTH OF STAY (In this place) 4 Yrs | | d. STREET ADDRESS (If rural, give location) Farm Residence | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Residence | | | |

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|-------------------------------------|------------------------|-------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Fred | b. (Middle) None | c. (Last) Gullett | 4. DATE OF DEATH (Month) (Day) (Year) March 15, 1954 |
|-------------------------------------|------------------------|-------------------------|--------------------------|---|

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|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 22, 1890 | 9. AGE (In years last birthday) 04 | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming | 11. BIRTHPLACE (State or foreign country) Glendale, Illinois | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John N. Gullett | 13b. MOTHER'S MAIDEN NAME Martha Vandergriff | 14. NAME OF HUSBAND OR WIFE Ivy Summers Gullett |
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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. 490-05-5838 | 17. INFORMANT'S SIGNATURE OR NAME Mrs Ivy S. Gullett Corso, Missouri. | 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4/201 | 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) 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 **June 1951**, to **Feb. 26, 1954**, that I last saw the deceased alive on **Feb 26, 1954**, and that death occurred at **3:30 P m.**, from the causes and on the date stated above.

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|---|--------------------------------|-------------------------------------|
| 23a. SIGNATURE K. M. Peier (Degree or title) | 23b. ADDRESS Siles, Mo. | 23c. DATE SIGNED March 17 54 |
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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/18/54 | 24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery | 24d. LOCATION (City, town, or county) (State) Troy Missouri |
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| DATE REC'D BY LOCAL REG. Mar. 27-1954 | REGISTRAR'S SIGNATURE Emmanuel R. Riddle | 25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home | ADDRESS Troy, Missouri. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48
70

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

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.