

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9670**
Registrar's No. **24**

FILED MAR 20 1956

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655**

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

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Lawrence | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon | | c. LENGTH OF STAY (In this place) 7 days | c. CITY OR TOWN Crystal City |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium | | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) County Road 0501 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) O. c. (Last) Tullock | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 4, 1956 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced (?) | 8. DATE OF BIRTH July 28, 1905 |
| 9. AGE (In years last birthday) 50 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber's Helper | 11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber's Helper | | 10b. KIND OF BUSINESS OR INDUSTRY Plumbing | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Samuel Marshall Tullock | | 13b. MOTHER'S MAIDEN NAME Nellie Murrial | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 499-07-0032 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS San. records, Mo. State San., Mt. Vernon, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma, right lung with superior vena cava syndrome approx. 4 - 6 mo. ANTECEDENT CAUSES 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 2 - 27 - 1956 , to 3 - 4 - 1956 , that I last saw the deceased alive on 3 - 4 - 1956 , and that death occurred at 7:40 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE C. E. Brasler M.D. (Degree or title) | | 23b. ADDRESS Mt. Vernon, Mo. | 23c. DATE SIGNED 3-5-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3-4-56 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Festus, Missouri |
| DATE REC'D BY LOCAL REG. 3-5-56 | REGISTRAR'S SIGNATURE Cecil R. ... | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. D. ... Mt. Vernon, Mo. | |

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. D. Farwell.....

Licensed Embalmer No. 2201.....

P. O. Address Mt. Vernon.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.