0.300
0.48

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17142
State File No.

BIRTH NO. REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catron
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY New Madrid 0720
c. CITY OR TOWN Catron
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑ 0
e. STREET ADDRESS (If rural, give location) 1 mi north

3. NAME OF DECEASED (Type or Print)
a. (First) Paul
b. (Middle)
c. (Last) Gullett

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1956

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) about 80 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Unknown 9
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
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) No.
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME Alpha Bateman **ADDRESS** Rt.#1, New Madrid, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. medical attendant by

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) all record death was
DUE TO (c) due to old age and

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia: Pulmonary

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 493x
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) m.
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:40 p. m., from the causes and on the date stated above.*

23a. SIGNATURE Lee Hedgpeth (Degree or title) Coroner
23b. ADDRESS New Madrid, Mo.
23c. DATE SIGNED May 6 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/13/56
24c. NAME OF CEMETERY OR CREMATORY Farmer Powell
24d. LOCATION (City, town, or county) New Madrid County, Mo. (State)

DATE REC'D BY LOCAL REG. 5/17/56
REGISTRAR'S SIGNATURE Dr Geo W Dusted MD
25. FUNERAL DIRECTOR'S SIGNATURE L. G. Smith **ADDRESS** Hayti, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

217
0

DATE RECEIVED MAY 31 1956
NEW MADRID CO. HEALTH CENTER
P. J. S

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Homer L. Pender

Licensed Embalmer No. 336

P. O. Address Lilbo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.