S. No. 300
v. 10.48

FILED JUL 20 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 24994

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5978

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

**1. PLACE OF DEATH**
a. COUNTY: ~~St Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 20 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1216 Benton

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~St Louis~~
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 26 1216 Benton 2269

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

**4. DATE OF DEATH** (Month) (Day) (Year): June 24, 1956

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH:** March 19, 1913
**9. AGE** (In years last birthday): 43 — 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): Truck Driver
**10b. KIND OF BUSINESS OR INDUSTRY:** Furniture Co.
**11. BIRTHPLACE** (City and State or Foreign Country): Oran, Missouri
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME:** Fred Gullett
**13b. MOTHER'S MAIDEN NAME:** Ivy Summers
**14. NAME OF HUSBAND OR WIFE:** Wanda Woods Gullett

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) Unknown (If yes, give war or dates of service) Unknown
**16. SOCIAL SECURITY NO.:** Unknown
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs Ivy Gullett 1440 Madison St Louis, 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*: Internal Hemorrhage; following shotgun wound of the abdomen suffered on self inflicted shot gun wound, in home at 1216 Benton Str., on June 24, 1956 about 1206 p.m. E976X

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition giving death.

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Suicide
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):** St Louis Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): June 24 56 12:06 p.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 1031 p.m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): James M Kelly Deputy Coroner
**23b. ADDRESS:** 1300 Clark
**23c. DATE SIGNED:** 6-25-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE:** 6/27/56
**24c. NAME OF CEMETERY OR CREMATORY:** Troy Cemetery
**24d. LOCATION** (City, town, or county) (State): Troy, Missouri

**DATE REC'D BY LOCAL REG.:** JUN 25 1956
**REGISTRAR'S SIGNATURE:** J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Kemper Marsh Funeral Home Troy, Mo.

S.P. (Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3932

P. O. Address Troy, Missour

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