

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 30 1957

13657-53
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 63

Health,
& Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Harrison Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hosp. DOA Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Rt. 1, Harrison Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Orville Jehoiada Gulley			4. DATE OF DEATH Month Day Year April 20, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-20-1908
9. AGE (In years by birthday) 49		IF UNDER 1 YEAR Months 1 Days 0 Hours Min. 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mt. Olive, Arkansas
13. FATHER'S NAME Oscar Johnson Gulley		14. MOTHER'S MAIDEN NAME Ethel May Jeffery	
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. 431-10-7213	
17. INFORMANT Birth Certificate		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fracture, Fatal			INTERVAL BETWEEN ONSET AND DEATH Less than 1/2 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			802x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell from Kansas City Southern freight train 4-20-57 about 3:30 PM	
20c. TIME OF INJURY Hour Month, Day, Year 3:30 p.m. 4-20-57		849	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Railroad Right of Way	
20f. CITY, TOWN, OR LOCATION Jct. Highways 96 & 57		COUNTY STATE Carl Junction, Mo. Rt. 1	
21. I attended the deceased from 4:10 P DID NOT ATTEND and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Walter M. D. Jones		22b. ADDRESS 1st Natl. Bank Bldg. Joplin, Missouri	
22c. DATE SIGNED 4-23-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-23-57	
23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		23d. LOCATION (City, town, or county) (State) Harrison, Arkansas	
24. FUNERAL DIRECTOR ADDRESS Johnston-Arnice-Simpson Webb City, Missouri		25. DATE RECD. BY LOCAL REG. 4-23-57	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer			

474-0

JUL 16 1958

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 _____
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb

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