

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038591

FILED VS OCT 16 1959 33

Registration District No. Primary Registration District No. 3074 Registrar's No. 173

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Mississippi</b>													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Length of stay in 1b		c. CITY OR TOWN <b>East Prairie,</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1/2 mile W. East Prairie,</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First <b>LORENE</b> Middle Last <b>GULLION</b>				4. DATE OF DEATH Month <b>9</b> Day <b>26</b> Year <b>1959</b>													
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/13/1903</b>		9. AGE (last birthday) <b>56</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Mississippi Co. USA</b>		12. CITIZEN OF WHAT COUNTRY									
13a. FATHER'S NAME <b>Riley Sanders</b>				13b. MOTHER'S MAIDEN NAME <b>Clarabelle Bard</b>				14. NAME OF HUSBAND OR WIFE <b>Jess Gullion</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Star Route Jess Gullion East Prairie, Mo.</b>											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Inferior mesenteric thrombosis</b>										INTERVAL BETWEEN ONSET AND DEATH <b>3 days.</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Decidual Flew, with complete obstruction, Surg. 9/23/59.</b>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year																	
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.)				20f. CITY, TOWN, OR LOCATION				COUNTY				STATE			
21. I attended the deceased from <b>9/21/59</b> to <b>9/26/59</b> and last saw her/him alive on <b>9/26/59</b> Death occurred at <b>9:35 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE (Degree or title) <b>Lolene J. Ferguson, M.D.</b>								22b. ADDRESS <b>Sikeston, Mo.</b>				22c. DATE SIGNED <b>9/28/59</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/28/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>W. O. W.</b>				23d. LOCATION (City, town, or county) (State) <b>East Prairie, Mo.</b>									
24. FUNERAL DIRECTOR <b>Mc Mikle East Prairie, Mo..</b>					ADDRESS		25. DATE RECD. BY LOCAL REG. <b>10-7-59</b>		26. REGISTRAR'S SIGNATURE <b>Martha Hunter</b>								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Elyse McMichael

Licensed Embalmer No. 4695

P. O. Address Charleston

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.