

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002570

FILED VS FEB 2 1960

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Registration District No. 4330 Registrar's No. 3

STATE FILE NUMBER

FILED

1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie, Mo.		Length of stay in 1b 10 Yrs		c. CITY OR TOWN East Prairie, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) East Prairie, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First John Middle William Last Gullion				4. DATE OF DEATH Month January Day 15 Year 1960						
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/25/1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Belmont, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME F. R. Gullion			13b. MOTHER'S MAIDEN NAME Sarah White			14. NAME OF HUSBAND OR WIFE Katie Gullion				
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. 492-42-1806		17. INFORMANT Jess Gullion East Prairie, Mo.				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) Gastro-intestinal hemorrhage, massive 3 days DUE TO (b) Duodenal ulcer, suspected DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 3 hrs approx		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of prostate						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 12/15/59 , to 1/12/60 and last saw him ^{face} alive on 1/12/60 Death occurred at 7:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE D. L.razier M.D. (Degree or title)				22b. ADDRESS Charleston, Mo.				22c. DATE SIGNED 1/22/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/17/60	23c. NAME OF CEMETERY OR CREMATORY W. O. W.		23d. LOCATION (City, town, or county) East Prairie, Mo.			(State)		
24. FUNERAL DIRECTOR Mc Mikle, East Prairie, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 1-25-60		26. REGISTRAR'S SIGNATURE Estuade L. Harper		

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Elgin McWible*

Licensed Embalmer No. *4695*

P. O. Address *East Haver*

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.