

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 15 1960

3751-60-026881
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b "unknown"	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.C.T.B. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 105 East 5th. St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND BARTLETT GULLY Sr.			4. DATE OF DEATH Month Day Year 7 18 60			
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 9-26-03	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10b. KIND OF BUSINESS OR INDUSTRY Taverns		11. BIRTHPLACE (City and state or country) Detroit, Michigan		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Eugene Walter Gully		13b. MOTHER'S MAIDEN NAME Adna M. Barse		14. NAME OF HUSBAND OR WIFE Florence Johnson Gully		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no - unknown		16. SOCIAL SECURITY NO. 072-07-2310		17. INFORMANT Hospital Records K.C.T.B. Hospital Birth Certificate & Personal Papers		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
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)		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	
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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 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 7-12-60 to 7-18-60 and last saw ^{her}him alive on 7-18-60
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) Edward P. Altomare M.D.	22b. ADDRESS K.C.T.B. Hospital - K.C., Mo.	22c. DATE SIGNED 7-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical-Removal	23b. DATE 7-21-60	23c. NAME OF CEMETERY OR CREMATORY Anatomy Department University of Missouri	23d. LOCATION (City, town, or county) (State) Columbia, Missouri
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24. FUNERAL DIRECTOR Weilert's: 2332 Monitor Place, K.C., Mo.	25. DATE RECD. BY LOCAL REG. 7-20-60	26. REGISTRAR'S SIGNATURE Reva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Edward P. Altomare M.D. STATE CERTIFICATION

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 H. LeRoy Mooney

Licensed Embalmer No. 477

P. O. Address J.S.O.

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