

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017482

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1082 Registrar's No. 2611

FILED JUN 12 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 6 Days	c. CITY OR TOWN Nevada
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1404 East Walnut
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First VERNON Middle KEITH Last GULLIFORD			4. DATE OF DEATH Month May 23 Day 23 Year 1961			
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5. SEX M	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-28-1933	9. AGE (last birthday) 28	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body shop owner	10b. KIND OF BUSINESS OR INDUSTRY own business	11. BIRTHPLACE (City and state or country) Moundville, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Tom Gulliford	13b. MOTHER'S MAIDEN NAME Thelma Couch	14. NAME OF HUSBAND OR WIFE Maxine Gulliford
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean War	16. SOCIAL SECURITY NO.	17. INFORMANT Address Nevada, Missouri Mrs. Maxine Gulliford, 1404 E. Walnut
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Increased intracranial pressure		4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Subarachnoid hemorrhage	4 days
	DUE TO (c) cause undetermined (no autopsy)	?

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.)
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20c. TIME OF INJURY Hour 7:30 a.m. p.m.	Month, Day, Year
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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 ?
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21. I attended the deceased from **May 19 - 61** to **May 23 - 61** and last saw him alive on **May 22 - 61**
Death occurred at **7:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Russ C. Lewis (Degree or title) MD	22b. ADDRESS 933 Professional Building Kansas City, Mo	22c. DATE SIGNED May 26, 61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 26, 1961	23c. NAME OF CEMETERY OR CREMATORY Worsley Cemetery	23d. LOCATION (City, town, or county) (State) Bronaugh Missouri
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24. FUNERAL DIRECTOR Ferry Funeral Home	ADDRESS Nevada, Missouri	25. DATE RECD. BY LOCAL REG. 5-26-61	26. REGISTRAR'S SIGNATURE Ruth H. Long
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUN 1 1961

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.