

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045663

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 256 Primary Registration District No. 6209 Registrar's No. 120

FILED SEP 12 1962

VS 300
Rev. 4/59
1070
1070
20850
3
4 0
5 0
6
7 1
8 2
9 X
10
11 107
12 91-3
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston		c. CITY OR TOWN Ft. L. Wood, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 17		d. STREET ADDRESS (If outside, give location) Co. A 1Bn. 4Tng. Regt	
3. NAME OF DECEASED (Type or print) First Marvin Middle C. Last Gullett		4. DATE OF DEATH Month 12 Day 1 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 31, 39
9. AGE (last birthday) 23		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Army		10b. KIND OF BUSINESS OR INDUSTRY Army	11. BIRTHPLACE (City and state or country) Crothersville, Ind. USA
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Mearl Gullett	
13b. MOTHER'S MAIDEN NAME Deceased		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO.	
17. INFORMANT U.S. Army Record, Ft. Wood, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) fractured skull + concussion DUE TO (b) multiple lacerations DUE TO (c) car accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH instant
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
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.) auto deceased was riding in, collided	
20c. TIME OF INJURY Hour 9:45 p.m. Month, Day, Year 12-1-62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 17		
20e. CITY, TOWN, OR LOCATION Pineytop, Texas		20f. COUNTY Wichita STATE Wichita	
21. I viewed the deceased from ON 12-2-62 to 12-2-62 and last saw him alive on 12-1-62 approx. 9:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James Lentz, Coroner (Degree or title)		22b. ADDRESS Calool, W.V.	22c. DATE SIGNED 12-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-6-1962	23c. NAME OF CEMETERY OR CREMATORY Crothersville Cemetery 23d. LOCATION (City, town, or county) (State) Crothersville, Ind	
24. FUNERAL DIRECTOR Koeverer and Sons -Crothersville, Ind. ADDRESS		25. DATE RECD. BY LOCAL REG. 12-10-62	26. REGISTRAR'S SIGNATURE Myrtle Cray

USE BLACK INK OR TYPEWRITER RIBBON

00801

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 James Douglas Caswell

Licensed Embalmer No. 5099

P. O. Address Lebanon Mo

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.