

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3718

State File No.

75906
FILED FEB 8 1954

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6206 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Texas</u> <u>1070</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Rural Jackson</u> <u>1070</u>		c. CITY OR TOWN <u>Licking</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Rural 5 mi SW of Licking</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Horace</u> b. (Middle) <u>Donald</u> c. (Last) <u>Gullett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1, 1954</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct 20, 1953</u>	9. AGE (in years last birthday) <u>16</u>	10. IF UNDER 1 HRS. Hours <u>3</u> Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Licking MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Mercer Gullett</u>		13b. MOTHER'S MAIDEN NAME <u>Hilda Peterson</u>		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) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mercer C. Gullett</u> ADDRESS <u>Licking</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac + pulmonary arrest</u>		DUE TO (b) <u>pneumococcal meningitis</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>bilateral lobar pneumonia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malnutrition</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>490X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 31, 1954 to Feb 2, 1954 that I last saw the deceased alive on Feb 1, 1954, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Myers D.O.</u> (Degree or title)		23b. ADDRESS <u>Licking, Mo.</u>		23c. DATE SIGNED <u>2-2-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cap.</u>	
24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Peterson</u> ADDRESS <u>Licking Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 5-54</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Ernest E. Ferguson*.....

Licensed Embalmer No. *394*.....

P. O. Address *Richmond*.....

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.