Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1958

2117
STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5821 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Big Prairie — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi. West East Prairie, Mo. — Length of stay in 1b 13 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN New Madrid County 0728 — Inside Limits Yes No X
d. STREET ADDRESS East Prairie, Mo. Star Route (If outside city, give location) — Reside on Farm Yes X No

3. NAME OF DECEASED (Type or print): First James Middle Elmer Last Gulledge
4. DATE OF DEATH Month January Day 4 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH July 7, 1902
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Malden, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME William Pinkney Gulledge
14. MOTHER'S MAIDEN NAME Serena, Taylor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Nora Allie Gulledge, East Prairie, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of kidney & Metastasis — INTERVAL BETWEEN ONSET AND DEATH 1 yr +
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) 161X
19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE
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 NOT WHILE AT WORK
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 Sept 57 to 3 Jan 58 and last saw her him alive on 3 Jan 58
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles C Pierson MD (Degree or title)
22b. ADDRESS New Madrid, MO
22c. DATE SIGNED 8 Jan 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-6-58
23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery
23d. LOCATION (City, town, or county) (State) Near East Prairie, Missouri

24. FUNERAL DIRECTOR ADDRESS Travis Shelby, East Prairie, Mo.
25. DATE RECD. BY LOCAL REG. 11 Jan 58
26. REGISTRAR'S SIGNATURE Fay Hedgpeth

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 22 1958

DATE RECEIVED JAN 13 1958
NEW MADRID CO. HEALTH CENTER
P.J.S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Travis Shelby

Licensed Embalmer No. H.9.

P. O. Address East St.

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