

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009731
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 141 Primary Registration District No. 3425 Registrar's No. 91

300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

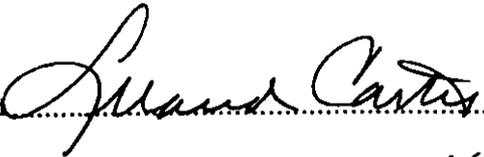
1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Koshkonong 0750
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRISTA HOGAN HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Eliza Batman Gullio			4. DATE OF DEATH Month Day Year March 23, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 8, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	9. AGE (In years last birthday) 85
11a. BIRTHPLACE (City and state or country) Koshkonong, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Tom Batman		13b. MOTHER'S MAIDEN NAME Caroline Huff	14. NAME OF HUSBAND OR WIFE Alonzo Gullio
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Jesse Gullio, Koshkonong, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE DUE TO (b) SENILE HEART DISEASE DUE TO (c) 4221 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) SENILITY (2) ARTERIOSCLEROSIS GENERALIZED			INTERVAL BETWEEN ONSET AND DEATH 24 HOURS
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20a. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	20e. CITY, TOWN, OR LOCATION —
20f. COUNTY —		20g. STATE —	
21. I attended the deceased from 12-17-56 to 3-23-58 and last saw her/him alive on 3-22-58 Death occurred at Unknown on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jack N. Williams, M.D.		22b. ADDRESS West Plains, Mo.	22c. DATE SIGNED 3-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-25-1958	23c. NAME OF CEMETERY OR CREMATORY Koshkonong, Cemetery
23d. LOCATION (City, town, or county) Koshkonong, Missouri		23e. (State) Missouri	
24. FUNERAL DIRECTOR Edward Carter		24a. ADDRESS Thompson	24b. DATE RECD. BY LOCAL REG. 4-4-58
24c. (Licensed Embalmer's Statement on Reverse Side)		26. REGISTRAR'S SIGNATURE Beatrice Cook	

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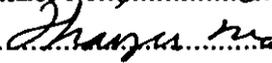
STATEMENT BY LICENSED EMBALMER

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. 4516

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.