

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005357

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 143 Primary Registration District No. 5559 Registrar's No. 4

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hutton Valley Twps.</b>		c. CITY OR TOWN <b>Willow Spgs. RR,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>Yrs.</b>	
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Jane</b> Last <b>GULLEY</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>17</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 12, 1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Howell County, Mo.</b>	
13a. FATHER'S NAME <b>Jesse Hood</b>		14. NAME OF HUSBAND OR WIFE <b>John W. Gulley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Harold Gulley, Hutton Valley, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic pneumonia</b> DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) <b>General Carcinomatosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4500H</b>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT 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 <b>Willow Springs, Mo.</b>	
21. I attended the deceased from <b>5/8/58</b> to <b>2-17-59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>2/14/59</b> Death occurred at <b>2-17-59 9PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
22a. SIGNATURE <b>H.W. Miller</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>Willow Springs, Mo.</b>	
22c. DATE SIGNED <b>2-18-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>2/20/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hutton Valley</b>	23d. LOCATION (City, town, or county) (State) <b>Hutton Valley Mo.</b>
24. FUNERAL DIRECTOR <b>Bellevue Willow Springs Mo</b>		26. REGISTRAR'S SIGNATURE <b>Marshall Bullard</b>	

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

*Fred W. Barnes*  
Signed Fred W. Barnes.....

Licensed Embalmer No. 4614.....  
P. O. Address Willow Spgs., 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.