

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013964

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 62

51
S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Monett</u> <u>0556</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1009 Central</u>		Length of stay in lb <u>one year</u>	d. STREET ADDRESS (If outside, give location) <u>1009 Central</u>
3. NAME OF DECEASED (Type or print) First <u>Della</u> Middle <u>Ann</u> Last <u>Gulick</u>			4. DATE OF DEATH Month <u>4</u> Day <u>2</u> Year <u>1959</u>
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 13, 1884</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years less birthday) <u>74</u>
13a. FATHER'S NAME <u>Thomas D. Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Griffin</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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.	11. BIRTHPLACE (City and state or country) <u>Richland Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Failure</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fluid Accumulation In Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Appr. 3 Hrs</u>	
DUE TO (c) <u>Cerebral Hemorrhage</u>		3 Hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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	COUNTY STATE
21. I attended the deceased from <u>Only at Time of Death</u> and last saw ^{her} him alive on _____ Death occurred at <u>9:30 P.M. - 4/2/59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. E. Williams, M.D.</u>		22b. ADDRESS <u>303 Fourth Street, Monett</u>	22c. DATE SIGNED <u>4/4/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-5-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sarcoxie Mo.</u>
24. FUNERAL DIRECTOR <u>Wilks Bros. Pierce City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-16-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs P. N. Cook</u>

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

MEDICAL CERTIFICATION

DATE REC. 4-23-54

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, ~~my~~ Edwin Wilks....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 4131.....
P. O. Address Pierce City, 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.