V.S. No. 300
Rev. 10.48

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

FILED OCT 22 1951

DELAYED

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25038A

BIRTH NO. _____ REG. DIST. NO. 193 PRIMARY REG. DIST. NO. 5709 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Erie Twp.
c. LENGTH OF STAY (In this place) 15 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) North East of Goodman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Erie Twp.
d. STREET ADDRESS (If rural, give location) North East of Goodman

3. NAME OF DECEASED (Type or Print)
a. (First) Lois
b. (Middle)
c. (Last) Fulkerson

4. DATE OF DEATH (Month) (Day) (Year) July 19, 1916

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH August 12, 1893
9. AGE (In years last birthday) 22 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) McDonald County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Burn Giddeon Russell
13b. MOTHER'S MAIDEN NAME Cloa E. Floyd
14. NAME OF HUSBAND OR WIFE Charles C. Fulkerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Charles C Fulkerson — **ADDRESS** Stella, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Jan 1-1915 to July 19-1916

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 002X
20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1916, *to* July 19, 1916, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Cardwell M.D.
23b. ADDRESS Stella Mo
23c. DATE SIGNED 10-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 20, 1916
24c. NAME OF CEMETERY OR CREMATORY Maness Cemetery
24d. LOCATION (City, town, or county) McDonald Co. (State) Missouri

DATE REC'D BY LOCAL REG. Oct 5-1951
REGISTRAR'S SIGNATURE Ina Masters 454
25. FUNERAL DIRECTOR'S SIGNATURE George A. Pogue (deceased). **ADDRESS** Stella, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED OCT 8 1951
Dist. File 10-31-1843
Date Filed 10-12-51

DEC 11 1951

NOV 21 1951

DEC 10 1951

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 .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.