

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7072

BIRTH NO. _____ REG. DIST. NO. B 23 PRIMARY REG. DIST. NO. 6089 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Leonard, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malta Bend</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No Street Address</u>		d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>Corinth</u> c. (Last) <u>Fulton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 3 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/4/1862</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Did Not Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Did Not Work</u>	11. BIRTHPLACE (State or foreign country) <u>Londonderry, Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Baker</u>	
13b. MOTHER'S MAIDEN NAME <u>Harriett Schooley</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence C. Fulton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert Ransberger, Mt. Leonard, Mo</u>
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) <u>Myocarditis Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10-1-1889</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>?</u>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>42</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-21</u> , 19 <u>48</u> , to <u>2-3</u> , 19 <u>49</u> that I last saw the deceased alive on <u>2-2</u> , 19 <u>49</u> , and that death occurred at <u>1:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Geo. A. Telling M.D.</u>		23b. ADDRESS <u>Waverly Mo</u>	23c. DATE SIGNED <u>2-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/5/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malta Bend Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Malta Bend, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2/8/49</u>	REGISTRAR'S SIGNATURE <u>Sally Andrew</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Leslie Survey</u>	ADDRESS <u>Manchester, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

9700

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-18-49

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.

Signed.....
Student Embalmer

Signed J. Leslie Swanson.....

Licensed Embalmer No. 3235.....

P. O. Address Marshall, 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 this body is not embalmed, fact should be so stated above.