

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8821

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1801 Wall Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1801 Wall Street			

3. NAME OF DECEASED (Type or Print) Anna	a. (First)	b. (Middle) Bell	c. (Last) FULTZ	4. DATE OF DEATH April 1, 1949
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5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 12, 1891	9. AGE (In years last birthday) 58	10. MONTHS 2	11. DAYS 18	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home Making	11. BIRTHPLACE (State or foreign country) Nashville Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME G.C. Haney	13b. MOTHER'S MAIDEN NAME Emily B. Westbrook	14. NAME OF HUSBAND OR WIFE William B. Fultz
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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. 498-01-4131	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. B. Fultz 1801 Wall St. Joplin, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* MYOCARDIAL FAILURE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MULTIPLE CARCINOMA OF COLON-UTERUS DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		174X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 3/27, 1949, to 4/1, 1949, that I last saw the deceased alive on 4/1, 1949 and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. G. Schurrill (Degree or title)	23b. ADDRESS 2114 Joplin	23c. DATE SIGNED 4/2/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 4, 1949	24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Mo.
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DATE REC'D BY LOCAL REG. 4-4-49	REGISTRAR'S SIGNATURE Ed. James	138	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Joplin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
 10-48
 49
 2
 Schurrill
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

William G. Heddleston Student Embalmer No. 324

working under my personal supervision.

Student William E. Heddleston
Student Embalmer

Signed Cecilia Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.