

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20505

State File No.

FILED JUN 22 1949

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4407 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaMonte</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaMonte</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>At home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sarah</u>	b. (Middle) <u>Ellen</u>	c. (Last) <u>Fulton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1949</u>
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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>Jan. 22 1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. 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	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Anderson F. Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Ann E. Bennett</u>	14. NAME OF HUSBAND OR WIFE <u>Charles E. Fulton</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eunice Scott LaMonte</u>	ADDRESS <u>Mo.</u>
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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 <u>6 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardia Regeneration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatism Arthritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age + Anemia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Nov 1, 1948, to June 16, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 12:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.E. Walker M.D.</u>	(Degree or title)	23b. ADDRESS <u>LaMonte Mo.</u>	23c. DATE SIGNED <u>6-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Malta Bend Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-18-49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>	ADDRESS <u>LaMonte Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

80
0
0

RECEIVED JUN 20.

District Health Officer No. 8,

District File Number _____

Date Filed 6-12-49

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 Paul M. Moore

Signed _____
Student Embalmer

Licensed Embalmer No. 3923

P. O. Address La Monte 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.