

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22233

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY SALINE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY SALINE

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SWEET SPRINGS c. LENGTH OF STAY (in this place) LIFE

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SWEET SPRINGS, Mo

d. FULL NAME OF HOSPITAL OR INSTITUTION JOHN MAUBERRY

d. STREET ADDRESS (If rural, give location) 108 MAUBERRY AVE

3. NAME OF DECEASED
a. (First) SAMUEL b. (Middle) _____ c. (Last) FULKERSON

4. DATE OF DEATH (Month) (Day) (Year) JULY 3, 1949

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH FEB. 8, 1868

9. AGE (In years last birthday) 84 4 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY WELL DRILLING

11. BIRTHPLACE (State or foreign country) MARSHALL, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME JOHN AVIS FULKERSON

13b. MOTHER'S MAIDEN NAME NANCY JANE SADDONS

14. NAME OF HUSBAND OR WIFE MARLE FULKERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. 497-12-5147

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martha Heitman

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis
ANTECEDENT CAUSES Congestive Failure
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.

INTERVAL BETWEEN ONSET AND DEATH
45 min

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION None

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) Sweet Springs, Mo

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 Jan 1948 to July 3 1949, that I last saw the deceased alive on July 3 1949, and that death occurred at 2 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ch. Carson, M.D.

23b. ADDRESS Sweet Springs, Mo

23c. DATE SIGNED 7/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JULY 7, 1949

24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW

24d. LOCATION (City, town, or county) (State) SWEET SPRINGS, Mo

DATE REC'D BY LOCAL REG. 7/6/49

REGISTRAR'S SIGNATURE Dolly Andrew

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Carter Sweet Springs, Mo

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

97
8
0

RECEIVED JUL 12

District Health Officer No. 8,

District File Number _____

Date Filed 7-13-49

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.

Student
Student Embalmer

Signed R. C. Carter

Licensed Embalmer No. 3513

P. O. Address San Francisco, Cal.

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.