

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34803

State File No.

No. 300
10.48

42
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>178</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>A. Charles</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Hasbrock</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) <u>Marget</u> c. (Last) <u>Fulkerson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 2 49</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 10, 1920</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 4 HRS. Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>Ralph Fulkerson</u>			13b. MOTHER'S MAIDEN NAME <u>Ethel McDonald</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Fulkerson Defiance, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelonephritis & renal calculi</u>				<u>1 year</u>			
DUE TO (c) <u>Paraplegia - Spinal cord injury</u>				<u>18 years</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmo-cardiac failure due to bypho-scoliosis.</u>				<u>6000</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</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>Sept. 23, 1949</u> , to <u>Oct. 2, 1949</u> , that I last saw the deceased alive on <u>Oct. 2, 1949</u> , and that death occurred at <u>5:50 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. Carthy</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>St. Charles, Mo</u>		23c. DATE SIGNED <u>Oct. 3, 1949</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>10-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomas Hamel</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-6-49</u>		REGISTRAR'S SIGNATURE <u>Ramie</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marie Murchison Wentzville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

District File Number _____
District Health Officer No. 9,

OCT 17 1949

RECEIVED

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 *Marion M. ...*

Licensed Embalmer No. 2461

P. O. Address Wentzville 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.