

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 5 1949

State File No. 38192
Registrar's No. 776

BIRTH NO. _____		REG. DIST. NO. 265		PRIMARY REG. DIST. NO. 6295	
1. PLACE OF DEATH a. COUNTY Ozark			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ozark		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Squires, R, Toledo		c. LENGTH OF STAY (In this place) 94	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Squires, Rural, Toledo		776
d. FULL NAME OF HOSPITAL OR INSTITUTION /			d. STREET ADDRESS (If rural, give location) 6		
3. NAME OF DECEASED (Type or Print) John		a. (First)	b. (Middle)	c. (Last) Fulk	4. DATE OF DEATH (Month) (Day) (Year) 10-31-49
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-15-55	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME -----Fulk		13b. MOTHER'S MAIDEN NAME Rebecca Lawrence		14. NAME OF HUSBAND OR WIFE Luvena Frazier Fulk	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ralph Hodges		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myo arletis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 15 yrs
18. CAUSE OF DEATH (continued) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4222
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6: P. m., from the causes and on the date stated above.					
23a. SIGNATURE M. S. Johnson (Degree or title)			23b. ADDRESS Ava Mo		23c. DATE SIGNED 11-5-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-2-49	24c. NAME OF CEMETERY OR CREMATORY Thornfield		24d. LOCATION (City, town, or county) (State) Thornfield, Missouri	
DATE REC'D BY LOCAL REG 11-23-49		REGISTRAR'S SIGNATURE Mae Johnson 243	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 28 1949
District Health Office No. 6,
District File Number 1149-1284
Date Filed 11-30-49

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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

Charles R. Fish

Licensed Embalmer No. 4667

P. O. Address Ava, 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.