

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>	
c. LENGTH OF STAY (In this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>Community Hoop</u>	
3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MERRIL</u> b. (Middle) <u>HENRY</u> c. (Last) <u>FULLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-21-50</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>10-15-1889</u>			9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pet milk Industry</u>		11. BIRTHPLACE (State or foreign country) <u>Pierce Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>George Fuller</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Cecil Fuller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>440-03-465</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cecil Fuller</u> ADDRESS <u>Granby 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of Brain</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of lung</u>			<u>5 weeks</u>
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>163X</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 March 19, 1950, to April 21, 1950, that I last saw the deceased alive on April 21, 1950, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles P. Chester</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Granby Mo</u>		23c. DATE SIGNED <u>7-25-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Granby Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Granby Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 27, 1950</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver - Sheumake</u> ADDRESS <u>Granby Mo</u>	

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 550-97

Date Filed MAY 3 1950

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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Cassville 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.