

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23531**
3082

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY # | | b. COUNTY JACKSON | |
| c. LENGTH OF STAY (in this place) 30 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: GENERAL HOSPITAL #2 | | d. STREET ADDRESS (If rural, give location) 1305 Michigan Avenue | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) BENJAMIN | b. (Middle) | c. (Last) FULTON | 4. DATE OF DEATH (Month) (Day) (Year) JULY 12 1950 |
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| 5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH JUNE 26 1873 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) NOT KNOWN | 12. CITIZEN OF WHAT COUNTRY? -- |
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| 13a. FATHER'S NAME THOMAS FULTON | 13b. MOTHER'S MAIDEN NAME LUCINDA FULTON | 14. NAME OF HUSBAND OR WIFE -- |
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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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME DGT. FAYE JACKSON | ADDRESS 832 Maine; Lawrence, Ks. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UREMIA (CLINICAL) DUE TO (c) ARTERIOSCLEROTIC NEPHRITIS | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | GENERALIZED ARTERIOSCLEROSIS HYPOSTATIC PNEUMONIA | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6-13, 1950, to 7-12, 1950, that I last saw the deceased alive on 7-12, 1950, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE R. Frank Ellis | 23b. ADDRESS 600 East 22nd Street | 23c. DATE SIGNED 7-13-50 |
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| 24a. BURIAL CREMATION REMOVAL (Specify) | 24b. DATE July 17-50 | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Ave | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. |
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| DATE REC'D BY LOCAL REG. 7-15-50 | REGISTRAR'S SIGNATURE Sheraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE W B Moore | ADDRESS 1820 E 18 |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed AB Moon.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2410

P.O. Address 1820 E 18 Ave

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.