

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31216

State File No.

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4373 Registrar's No. 21

0740

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Barnard</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Barnard</u>		d. STREET ADDRESS (If rural, give location) <u>0740</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Fuller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-3-1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 7-1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Amazonia - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>A.M.</u>
13a. FATHER'S NAME <u>James A. Fuller</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Bird</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Ellis - deceased</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. G. F. Rasco</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRO-VASCULAR ACCIDENT</u>		
			INTERVAL BETWEEN ONSET AND DEATH <u>15 MINS.</u>		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>		
			DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARDIAC DECOMPENSATION</u>		
			33ix		
			6 MONTHS		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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>DEC. 9</u> , 19 <u>49</u> , to <u>SEPT. 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>SEPT. 25</u> , 19 <u>50</u> , and that death occurred at <u>6:55 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Paul J. Kadell</u>			23b. ADDRESS <u>Conception Jct., Mo.</u>		23c. DATE SIGNED <u>Oct. 4, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellemead Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bellemead Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 8-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Elza Crenshaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. M. Johnson</u>	
				ADDRESS <u>Marionville Mo.</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed G M Atkinson

Licensed Embalmer No. 2279

P. O. Address Monroeville, 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.