

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34404

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5983</u>		Registrar's No. <u>120</u>		
1. PLACE OF DEATH a. COUNTY <u>PALASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WAYNESVILLE</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OLEAN</u>		0660		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LONG NURSING HOME</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTIE</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>FULTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23 1950</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 19, 1881</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Monteicou Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>THOMAS TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIA IMMEL</u>		14. NAME OF HUSBAND OR WIFE <u>EARL FULTON</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or 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>Orville Carter</u>		ADDRESS <u>Olean</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>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
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>10-22-1950</u> , to <u>10-23-1950</u> , that I last saw the deceased alive on <u>10-22-1950</u> , and that death occurred at <u>1:05 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. Miller, M.D.</u>				23b. ADDRESS <u>Waynesville, Mo.</u>		23c. DATE SIGNED <u>10-24-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct. 25, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGH POINT</u>		24d. LOCATION (City, town, or county) (State) <u>High Point, MO.</u>			
DATE REC'D BY LOCAL REG. <u>10-25-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckner</u>		389		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>D. Phiggins Olean</u>		

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

RECEIVED 10-25-50
Pulaski County Health Officer
File Number
Date Filed 10-25-50

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 *James D. Phillips*
Licensed Embalmer No. *9663*

P. O. Address *London*

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.