

STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Morris</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Council Grove</u>	
c. LENGTH OF STAY (in this place) <u>Don't know</u>		d. STREET ADDRESS (If rural, give location) <u>Kansas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Jack</u> b. (Middle) <u>Fuller</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 50</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1910</u>	9. AGE (In years last birthday) <u>40</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Donot know</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Donot know</u>	11. BIRTHPLACE (State or foreign country) <u>Donot know</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Donot know</u>	13b. MOTHER'S MAIDEN NAME <u>Donot know</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Fuller</u>
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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) <u>Donot know</u>	16. SOCIAL SECURITY NO. <u>Donot know</u>	17. INFORMANT'S SIGNATURE OR NAME <u>General Hospital</u>	ADDRESS <u>Kans</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>27 45</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock + Hemorrhage</u>		
	ANTECEDENT CAUSES <u>resulting from crushing injuries. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>17 feet + fracture of vertebrae</u> DUE TO (c) <u>found at bottom of a cliff</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>123</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE? (Specify) <u>?</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson, MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-25-50 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell from cliff</u>
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>Dr. Deputy Coroner</u>	23b. ADDRESS <u>34050 Broadway SC 200</u>	23c. DATE SIGNED <u>12-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec 28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunkirk Indiana</u>	24d. LOCATION (City, town, or county) (State) <u>Dunkirk Indiana</u>
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DATE REC'D BY LOCAL REG. <u>12-28-50</u>	REGISTRAR'S SIGNATURE <u>Maldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parrantio Bros</u>	ADDRESS <u>1802 W 12</u>
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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 J. S. Walton

Signed.....  
Student Embalmer

Licensed Embalmer No. 2744

P. O. Address D. C. 720

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.