

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 10 1951

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 586

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MURAT, N. Campbell</u> OR <u>Springfield</u> <u>Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Conway</u> <u>Rural</u>	
c. LENGTH OF STAY (In this place) <u>34 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 2</u> <u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If in a hospital or institution, give street address or location) <u>Mo # 66 # 4</u> <u>Warnick Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gordon</u> b. (Middle) <u>Grover</u> c. (Last) <u>Fuller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July</u> <u>4</u> <u>1951</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 29, 1885</u>	9. AGE (In years last birthday) <u>65</u> if under 1 year <u>7</u> if under 1 month <u>5</u> Days Hours Min.
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>Calhoun Ga.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William G. Fuller</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen O' Bryan</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Fuller</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> <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys Fuller</u>	ADDRESS <u>Conway 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cardiovascular Renal disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis</u>		
	DUE TO (c)		
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>442 X</u>	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)	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 6-4, 1951, to 7-4, 1951, that I last saw the deceased alive on 7-1, 1951, and that death occurred at 2:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Daudley</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Springfield Mo.</u>	23c. DATE SIGNED <u>7-5-51</u>
--	--------------------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/6/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>	24d. LOCATION (City, town, or county) (State) <u>Calhoun Ga. Gordon Co.</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>7-5-51</u>	REGISTRAR'S SIGNATURE <u>W. E. Daudley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u>	ADDRESS <u>Lebanon, Mo.</u>
---	---	---	--------------------------------

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

1390
-4-

JUL 25 1961

MAY 7 1962

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 Dorsey M. Howe

Signed.....
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.