FILED OCT 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 36144

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY: TANEY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRANSON
c. LENGTH OF STAY (In this place): YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skaggs Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Branson
d. STREET ADDRESS (If rural, give location): rural

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Elijah
c. (Last): Fullerton

4. DATE OF DEATH (Month) (Day) (Year): Oct 16 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 1 1888
9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months 6 Days 15
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Worker
10b. KIND OF BUSINESS OR INDUSTRY: Public work
11. BIRTHPLACE (State or foreign country): Branson Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William F. Fullerton
13b. MOTHER'S MAIDEN NAME: Amanda Mary Logan
14. NAME OF HUSBAND OR WIFE: Martha Jane Fullerton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Martha Jane Fullerton
ADDRESS: Branson Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pericarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Duodenal ulcer — 1 week
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
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/6, 1951, *to* 10/16, 1951, *that I last saw the deceased alive on* 10/16/51, 19____, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry T. Swanell (Degree or title)
23b. ADDRESS: Branson, Mo.
23c. DATE SIGNED: 10/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/18/1951
24c. NAME OF CEMETERY OR CREMATORY: Branson Cemetery
24d. LOCATION (City, town, or county) (State): Branson Mo

DATE REC'D BY LOCAL REG.: OCT 18-1951
REGISTRAR'S SIGNATURE: J E Cogswell 376
25. FUNERAL DIRECTOR'S SIGNATURE: Whitehead Funeral Home
ADDRESS: Branson, MO

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED OCT 22 1951
Dist. File 10-51-1869
Date Filed 10-22-51

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 Walter S. Cobb

Signed.....
Student Embalmer

Licensed Embalmer No. 431

P. O. Address Forsyth Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.