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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43858

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 85

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

1. PLACE OF DEATH
a. COUNTY: Warren.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrenton
c. LENGTH OF STAY (in this place): 7 das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Katie Jane Memorial Nursing Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Franklin.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington. 036
d. STREET ADDRESS (If rural, give location): 620 E. 7th St. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Nova b. (Middle): c. (Last): Fulford.

4. DATE OF DEATH (Month) (Day) (Year): Dec. 9th, 1951.

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 5

8. DATE OF BIRTH: Mar. 9th, 1864.

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 9, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work.

10b. KIND OF BUSINESS OR INDUSTRY: x

11. BIRTHPLACE (State or foreign country): Carmi, Illinois.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown.

13b. MOTHER'S MAIDEN NAME: Unknown.

14. NAME OF HUSBAND ~~OR WIFE~~: Byrd Fulford.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S SIGNATURE OR NAME: Mr. Mathew Bennett — ADDRESS: Washington, 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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — unknown
DUE TO (c): Pneumonia bilateral

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypostatic — 3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4221

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* Dec 2, 1951, *to* Dec 9, 1951, *that I last saw the deceased alive on* Dec 8, 1951, *and that death occurred at* 9:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold O. Hoelscher MD

23b. ADDRESS: Warrenton Mo.

23c. DATE SIGNED: 12-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

24b. DATE: Dec. 12, 1951.

24c. NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery.

24d. LOCATION (City, town, or county) (State): Washington, Mo.

DATE REC'D BY LOCAL REG.: 1-5-52

REGISTRAR'S SIGNATURE: Floyd Logan 421

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hilburg & Witt, Inc. Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Lester H. Utt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.