

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **245**

245

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 144

0117

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 28 days		d. STREET ADDRESS (If rural, give location) 840 No. 25th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Kate b. (Middle) Young c. (Last) Fulkerson		4. DATE OF DEATH (Month) (Day) (Year) January 30, 1952	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 21, 1875
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Waller Young		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE Dr. Perry Fulkerson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Waller Young, 2804 Sacramento, St. Joseph	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
	DUE TO (c) Virus Pneumonia			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		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) (Min.)		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 1/2, 1952, to 1/30, 1952, that I last saw the deceased alive on 1/30, 1952, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. W. Barle (Degree of title) 0 M.D.		23b. ADDRESS St. Joseph, Mo. 706 Francis St.		23c. DATE SIGNED 1-31-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/1/1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph Missouri					

DATE REC'D BY LOCAL REG. Feb. 9, 1952		REGISTRAR'S SIGNATURE Carl C. Caskey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman Funeral Home, St. Joseph, Mo.	
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APR 22 1953

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *William Spalding*.....

Licensed Embalmer No. *4535*.....

P. O. Address *3195 10th St Joseph 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.