

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7208

State File No.

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5017 Registrar's No. 22

0020
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL NEAR SAVANNAH</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>NEAR SAVANNAH</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>RURAL 0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Leslie</u> c. (Last) <u>Fulton</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-1952</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>S</u> | 8. DATE OF BIRTH <u>2-16-1883</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>10</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Att. C. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
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| 13a. FATHER'S NAME <u>Samuel Fulton</u> | | 13b. MOTHER'S M maiden name <u>Amanda Brown</u> | | 14. NAME OF HUSBAND OR WIFE | | | |
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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>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ella P. Kirkpatrick SAO Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ulcer-gastric</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 das.</u> <u>?</u> | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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| 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) | |
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| 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? | |
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22. I hereby certify that I attended the deceased from 3-26, 1952, to 3-26, 1952, that I last saw the deceased alive on 3-26, 1952, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Robert P. ...</u> | | 23b. ADDRESS <u>Savannah Mo</u> | | 23c. DATE SIGNED <u>3-29-52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-28-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u> | | 24d. LOCATION (City, town, or county) (State) <u>SAVANNAH Mo</u> | |
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| DATE REC'D BY LOCAL REG. <u>4-1-52</u> | | REGISTRAR'S SIGNATURE <u>Lillian Sparks</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home SAVANNAH Mo</u> | |
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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 E. L. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah

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.