

## STANDARD CERTIFICATE OF DEATH

State File No. 21377

FILED JUN 30 1952

BIRTH NO. 20721 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hayti</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Caruthersville</b>	
c. LENGTH OF STAY (In this place) <b>48 Days</b>		d. STREET ADDRESS (If rural, give location) <b>606 E. 9th. St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pemiscot Memorial Hosp.</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Debra</b>	b. (Middle) <b>Goan</b>	c. (Last) <b>Fullerton</b>	(Month) <b>June</b>	(Day) <b>19</b>	(Year) <b>1952</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>May 2, 1952</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 12 HRS. Days <b>1</b>	Hours <b>15</b>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (State or foreign country) <b>Caruthersville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>X</b>
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13a. FATHER'S NAME <b>Marvin Fullerton</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Carlton</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No X</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Marvin Fullerton</b>	ADDRESS <b>606 E. 9th. St. Caruthersville, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal obstruction</b>		<b>10 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Abdominal adhesions</b> DUE TO (c) <b>peritonitis</b>		<b>10 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>prematurity</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **May 6, 1952**, to **June 19, 1952**, that I last saw the deceased alive on **June 19, 1952**, and that death occurred at **10:24 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Daniel R. Hensley</b>	(Degree or title)	23b. ADDRESS <b>Caruthersville</b>	23c. DATE SIGNED <b>6/21/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 20, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Mo.</b>
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DATE REC'D BY LOCAL REG <b>6-24-52</b>	REGISTRAR'S SIGNATURE <b>John W. German</b>	406	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.S. Smith</b>	ADDRESS <b>Funeral Home C'Ville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

6-52-193

Rec. JUN 27 1952

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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 William James Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.