

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24448

State File No. 2938

**EMERGENCY** AUG 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>32 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2733 Askew</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2733 Askew</u>				3368			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>		b. (Middle) <u>Myrtle</u>		c. (Last) <u>Fulton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 11 1889</u>		9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales City Health Commissioner Dept.</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frank Leslie</u>		13b. MOTHER'S MAIDEN NAME <u>Emma O'Dell</u>		14. NAME OF HUSBAND OR WIFE <u>Ray Fulton</u>			
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>489-22-6517</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle Shephard 2733 Askew</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid colon</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Secondary obstruction</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 m</u> <u>5 days</u> <u>153X</u>	
19a. DATE OF OPERATION <u>5/4/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e., 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/1/52</u> , 19 <u>  </u> , to <u>6/25/52</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>6/25/52</u> , 19 <u>  </u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. B. Mc Cunniff</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>836 Ceygale Blvd</u>		23c. DATE SIGNED <u>6/28/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-28-52</u>		REGISTRAR'S SIGNATURE <u>Pauline Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McClure K.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1.2.11  
1.2.11

**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

*F. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *K. C. 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.