

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34114**

FILED OCT 20 1952

BIRTH NO.		REG. DIST. NO. 2	PRIMARY REG. DIST. NO. 4007	Registrar's No. 81
1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amazonia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amazonia		
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print) a. (First) Laura		b. (Middle) Amanda		c. (Last) Fuller
4. DATE OF DEATH (Month) (Day) (Year) October 6, 1952				
5. SEX female	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH September 4, 1863	9. AGE (In years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress		10b. KIND OF BUSINESS OR INDUSTRY Dept. stores	11. BIRTHPLACE (State or foreign country) Andrew County, Missouri	
12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Thomas F. Fuller		13b. MOTHER'S MAIDEN NAME Frances A. Smith		14. NAME OF HUSBAND OR WIFE -----
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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Ida M. Fuller, Amazonia, Missouri
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) Fracture of left hip ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9030 20		INTERVAL BETWEEN ONSET AND DEATH 5 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) in home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Amazonia Andrew MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) about 5 years ago		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? tripped off
22. I hereby certify that I attended the deceased from Oct 2, 1952 , to Oct 7, 1952 , that I last saw the deceased alive on _____, 19____, and that death occurred at 6:15a m., from the causes and on the date stated above.				
23a. SIGNATURE Ralph P. Kelley MD		23b. ADDRESS Savannah Mo		23c. DATE SIGNED Oct 9 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/8/1952		24c. NAME OF CEMETERY OR CREMATORY Cumberland Ridge Cemetery
24d. LOCATION (City, town, or county) (State) Andrew County, Missouri				
DATE REC'D BY LOCAL REG. 10-16-52		REGISTRAR'S SIGNATURE Lillian Sparks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman Funeral Home St. Joseph, Mo.

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

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

Joseph W. Carter

Licensed Embalmer No. 4914

P. O. Address 318 S 10th St

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.