

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

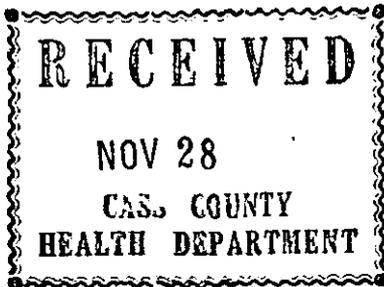
State File No. **37959**

FILED DEC 2 1952

BIRTH NO. _____		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>5227</b>		Registrar's No. <b>169</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <b>Rural Peculiar Twp</b>		c. LENGTH OF STAY (in this place) <b>1 1/2 years</b>		c. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <b>Rural Peculiar Twp</b>		d. STREET ADDRESS (If rural, give location) <b>Pleasant View Rest Home R2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pleasant View Rest Home</b>				d. STREET ADDRESS (If rural, give location) <b>Pleasant View Rest Home R2</b>			
3. NAME OF DECEASED a. (First) <b>WILLIAM</b> b. (Middle) <b>HARRISON</b> c. (Last) <b>FULLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 21 1952</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 3</b>		8. DATE OF BIRTH <b>Oct 6 1876</b>	
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>Bates Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>L.A. Fuller</b>		13b. MOTHER'S MAIDEN NAME <b>Hannie E. Proctor</b>		14. NAME OF HUSBAND OR WIFE <b>Willie Evans Fuller</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm Fuller 1512 E. 37. KCMo</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Complications Due To Diabetes Mellitus</b> ANTECEDENT CAUSES <b>Diabetes Mellitus</b> 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 <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 mos</b>	
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)		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 <b>June 25, 1952</b> , to <b>Nov 15, 1952</b> , that I last saw the deceased alive on <b>Nov 15, 1952</b> , and that death occurred at <b>2 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Paul H. Green D.O.</b>				23b. ADDRESS <b>Harrisonville, Mo</b>		23c. DATE SIGNED <b>11-22-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rural</b>		24b. DATE <b>Nov 23, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Butler Mo</b>	
DATE REC'D BY LOCAL REG <b>Nov 23, 1952</b>		REGISTRAR'S SIGNATURE <b>Nora Bernard</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Winnburgers</b>		ADDRESS <b>Harrisonville Mo</b>	

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



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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 James B. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.