

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Mt. Pleasant Twp.</u>) c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Mt. Pleasant Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. 1 Butler</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1 Butler 0070</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Crittenden</u> c. (Last) <u>Fulkerson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 20, 1885</u>	9. AGE (in years) (last birthday) <u>67</u>	if UNDER 1 YEAR Months <u>2</u> Days <u>0</u>	if UNDER 24 Hrs. Hours <u>0</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sale man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Colorado Springs, Colo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Peter C. Fulkerson</u>	13b. MOTHER'S MAIDEN NAME <u>Jane E. Patty</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie G. Fulkerson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>None, or unknown</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie G. Fulkerson</u> ADDRESS <u>Butler</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Butler Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Aug. 1952, to Dec. 20, 1952, that I last saw the deceased alive on Dec. 20, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. D. La Hue, M.D.</u> (Degree or title)	23b. ADDRESS <u>Butler Mo. 17th National Bldg.</u>	23c. DATE SIGNED <u>12-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Dec. 22, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 24-52</u>	REGISTRAR'S SIGNATURE <u>Nedell K. Kirby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver Underwood</u> ADDRESS <u>Butler</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-070
a Hue

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

Robert D. Steinbeck

Licensed Embalmer No. *4657*

P. O. Address. *Butte, 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.