

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10259  
Registrar's No. 123

MAR 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>200</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived, or institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>16 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		<u>0495</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>601 E. 12</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Richard</u>		c. (Last) <u>Fulton</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1953</u>		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>Sept. 10, 1880</u>		9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Used Goods</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence County, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George W. Fulton</u>		13b. MOTHER'S MAIDEN NAME <u>Cornelia Kibbler</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary 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>unk</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Fulton, 601 E. 2, Joplin</u>		17. ADDRESS <u>Joplin</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Skull fracture with concussion</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Skull fracture with concussion</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>3-4-53</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8100 27</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>122</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>12th St - K.C.S. R.R. crossing</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JOPLIN JASPER Mo.</u>		21d. TIME OF INJURY <u>3-4-53 10 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Drove pick-up truck into K.C. Southern train.</u>		22. I hereby certify that I attended the deceased from <u>3-4</u> , 19 <u>53</u> , to <u>3-5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-4</u> , 19 <u>53</u> , and that death occurred at <u>2:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		(Degree or title)		23b. ADDRESS <u>[Address]</u>	
23c. DATE SIGNED <u>3/4/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-9-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker Mortuary, Joplin, Mo.</u>	
		ADDRESS <u>Joplin, Mo.</u>			

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

RECEIVED 3-17-53

Jaasper County Health Office

County File Number 53/3/241

Date Filed 3-17-53

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

working under my personal supervision.

Student Embalmer No. 466

Signed Jack Parker Student Embalmer

Signed Steve Parks

Licensed Embalmer No. 2548

P. O. Address J. P. Parks

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.