

FILED APR 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14655**  
Registrar's No. **163**

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>5568</b>		Registrar's No. <b>163</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sugar Creek</b>		c. LENGTH OF STAY (In this place) <b>30 yrs</b>		c. CITY OR TOWN <b>Sugar Creek</b>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence, 905 N. High St.</b>				e. STREET ADDRESS (If rural, give location) <b>905 N. High</b> <b>7000</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy</b> b. (Middle) <b>M.</b> c. (Last) <b>Fulkerson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 15, 1953</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>5/21/1881</b>	
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Schools</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thos. J. Fulkerson</b>			13b. MOTHER'S MAIDEN NAME <b>Clara Boone</b>		14. NAME OF HUSBAND OR WIFE (deceased) <b>Elizabeth S. Fulkerson</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>495 10 6295</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mason Fulkerson Sugar Creek, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of death tuberculosis</b>  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. <b>7955</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>See Post. Permit</b>					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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:15P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree or title)			23b. ADDRESS <b>4050 Birchwood Dr. S. W. Mo.</b>		23c. DATE SIGNED <b>4-16-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/10/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4-18-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>354-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Independence, Mo.</b>			

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

1000  
1

VS MAY 12 1960

VS MAY 11 1960

VS  
AUG 9  
1960

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.....  
Signature of Student Embalmer

Signed *Lloyd C. Casson*.....

Licensed Embalmer No. *4199*.....

P. O. Address *Indy, Ind*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.