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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1953

State File No. 17193

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 202

1. PLACE OF DEATH
a. COUNTY Butler 0124 0
b. CITY OR TOWN Poplar Bluff
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Stoddard 1030
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Liberty twp.
d. STREET ADDRESS (If rural, give location) 4 miles NW. of Bernie

3. NAME OF DECEASED (Type or Print)
a. (First) Mary b. (Middle) Vieth c. (Last) Marie Fulbright

4. DATE OF DEATH (Month) 5 (Day) 7 (Year) 53

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-21-1901
9. AGE (In years last birthday) 51 — If under 1 year: Months 7 Days 16 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY ___
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME E. G. Rhodes
13b. MOTHER'S MAIDEN NAME Zetha Hahn
14. NAME OF HUSBAND OR WIFE M. D. Fulbright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ___
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME M. D. Fulbright — **ADDRESS** Bernie

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) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral hemorrhage — 12 hrs.

DUE TO (c) Hypertension — unknown

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 331X
20. AUTOPSY? YES ☐ NO ☒

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) ___ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ___

22. I hereby certify that I attended the deceased from 5/6/53, 1953 to 5/7/53, 19__, that I last saw the deceased alive on 5/9/53, 1953, and that death occurred at 6 18 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. D. Fulbright (Degree or title) M.D.
23b. ADDRESS Poplar Bluff, Mo.
23c. DATE SIGNED 5/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE ___
24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery
24d. LOCATION (City, town, or county) Bernie (State) Missouri

DATE REC'D BY LOCAL REG. 5/18/53
REGISTRAR'S SIGNATURE O. K. Mueller
25. FUNERAL DIRECTOR'S SIGNATURE A. K. Tucker
ADDRESS Bernie

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 25 1953
BUTLER CO. HEALTH CENTER
FILE No._____

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 J. S. Schauman

Licensed Embalmer No. 4086

P. O. Address Malden

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.