

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19404**
5222

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN New Athens		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) Rural Route				
3. NAME OF DECEASED (Type or Print) a. (First) Linda b. (Middle) _____ c. (Last) Fullmer			4. DATE OF DEATH (Month) (Day) (Year) 5-23-53					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 2-17-1904		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher		10b. KIND OF BUSINESS OR INDUSTRY school		11. BIRTHPLACE (City and State or Foreign Country) Lenzburg, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Daniel Fullmer			13b. MOTHER'S MAIDEN NAME Josephine Knewitz		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ollie Wirth, New Athens, Ill.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENO-CARCINOMA, LEFT OVARY				DUE TO (b) _____				6 Mo.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED CARCINOMA								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION METASTATIC CARCINOMA - FROM LEFT OVARY				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? 175X				
22. I hereby certify that I attended the deceased from Nov. 22, 1952 , to May 23, 1953 , that I last saw the deceased alive on 6-23, 1953 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) George P. Stookey, M.D.				23b. ADDRESS 812 Olive St. Stookey, Mo.		23c. DATE SIGNED 5/23/53		
24a. BURIAL, CREMATION, REMOVAL REMOVAL		24b. DATE 5-24-53	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) New Athens, Ill.			
DATE REC'D BY LOCAL MAY 25 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stookey, New Athens, Ill.				

G.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 10 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ronald O. Yahn*

Licensed Embalmer No. *39*

P. O. Address *St Lou*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.