

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21559

State File No. _____

FILED JUL 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2954

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>WYANDOTTE</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>749 Shawnee Avenue</u> <u>8158</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>JOHN</u> c. (Last) <u>Fuller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 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>June 12, 1869</u>
9. AGE (In years) (If under 1 year, state Months) <u>84 83</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad car man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fredrick Fuller</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Fscino</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillie V. Fuller</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish-American</u>	
16. SOCIAL SECURITY NO. <u>782-87-5774</u>		17. INFORMANT'S SIGNATURE OR NAME <u>V.A. Hospital Records, Kansas City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary insufficiency</u> <u>Many years</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> <u>Many years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1/200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>June 8, 1953</u> , to <u>June 9, 1953</u> , that he <u>she</u> died on <u>June 9, 1953</u> and that death occurred at <u>7:55 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Richard C. Schaeffer, M.D.</u> (Degree or title) ADDRESS <u>VA Hospital, Kansas City, Mo.</u>		23c. DATE SIGNED <u>6-10-53</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 12 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>6-12-53</u>		REGISTRAR'S SIGNATURE <u>Sheldin Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer, Sr.</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

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

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 *Edward M. Storey*.....

Licensed Embalmer No. *445*

P. O. Address *K. C. 12*

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.