S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27398

State File No.

FILED AUG 4 - 1953

BIRTH NO. REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6109 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Scotland
b. CITY OR TOWN Union Twp RURAL NEAR MEMPHIS
c. LENGTH OF STAY (in this place) 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Ty

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Iowa
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Keokuk 8140 8
d. STREET ADDRESS (If rural, give location) 1527 Morgan Street

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Arthur c. (Last) Fulton
4. DATE OF DEATH (Month) (Day) (Year) July 26 1953
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Apr. 2, 1943
9. AGE (In years last birthday) 10 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Milwaukee Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James M. Fulton
13b. MOTHER'S MAIDEN NAME Pearl Williams
14. NAME OF HUSBAND OR WIFE —
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 James M. Fulton ADDRESS Keokuk Ia.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

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.

099

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E8124 25
20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No. 15 Highway
21c. (CITY, TOWN, OR TOWNSHIP) Union Ty (COUNTY) Scotland (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 26 1953 7 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Hit by a car

22. I hereby certify that I attended the deceased from July 26, 1953, to July 26, 1953, that I last saw the deceased alive on July 26, 1953, and that death occurred at 7:10 P m., from the causes and on the date stated above.

23a. SIGNATURE A. M. Keeble (Degree or title) D.O. 23b. ADDRESS 2 Memphis, Mo 23c. DATE SIGNED 7-26-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE July 26, 1953
24c. NAME OF CEMETERY OR CREMATORY Oakland
24d. LOCATION (City, town, or county) (State) Keokuk Lee County, Iowa
DATE REC'D BY LOCAL REG. 7/20/53
REGISTRAR'S SIGNATURE Vera G. Turner 476-3
25. FUNERAL DIRECTOR'S SIGNATURE H. Wayne & Sons ADDRESS Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Mo

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.