

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42448**

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5357 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Benton Twn.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Benton Township	
c. LENGTH OF STAY (In this place) 78 yrs.		d. STREET ADDRESS (If rural, give location) Pattonsburg, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pattonsburg, Mo.		e. STREET ADDRESS (If rural, give location) Pattonsburg, Mo.	

3. NAME OF DECEASED (Type or Print) Anna Alice Fulwider	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12-21-1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-3-1875	9. AGE (In years) (Just birthday) (Months) (Days) (If under 1 year) (If under 12 mos.) 78
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (City and State or Foreign Country) Daviess County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jessie Groomer	13b. MOTHER'S MAIDEN NAME Mary E. Cain	14. NAME OF HUSBAND OR WIFE Henry A. Fulwider
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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 Allie Brice Woodring, Pattonsburg, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arthroma of blood vessels DUE TO (c)		
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 3-31 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-15-53, to 12-20-53, that I last saw the deceased alive on 12-20-53, 1953, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>John H. Brien</i>	(Degree or title) 40	23b. ADDRESS <i>Pattonsburg Mo</i>	23c. DATE SIGNED 12/21/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-23-53	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo.
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DATE REC'D BY LOCAL REG. 12-28-53	REGISTRAR'S SIGNATURE <i>Virgie M. Engelhart</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John H. Brien</i>	ADDRESS Pattonsburg, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1955

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 *Louis Quest*.....

Licensed Embalmer No. *4096*.....

P. O. Address *Pattonburg*.....

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.