

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2264

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia		c. LENGTH OF STAY (in this place) 16 days	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 213 East Second		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) ORVILLE	c. (Last) FULTON	4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 7, 1871	9. AGE (In years last birthday) 82	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work depending upon most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Decorating	11. BIRTHPLACE (City and State or Foreign Country) Rushville, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James N. Fulton	13b. MOTHER'S MAIDEN NAME Susan unknown	14. NAME OF HUSBAND OR WIFE Laura Wheeler Fulton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 490-18-5238	17. INFORMANT'S SIGNATURE OR NAME Lloyd E. Fulton	ADDRESS 1500 S. Harrison Sedalia, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		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 (Chronic Prostatitis - Retention)		?
	DUE TO (Cardio-Vascular Disease)		?
II. OTHER SIGNIFICANT CONDITIONS Senility.			?
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Medical treatment only.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OR 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) None	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 **Oct. 1953** to **Febr. 9th, 1954**, that I last saw the deceased alive on **Febr. 9th, 1954**, and that death occurred at **11 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Jno. B. Carlisle, M.D.	(Degree or title) M.D.	23b. ADDRESS Sedalia, Missouri	23c. DATE SIGNED 2-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb/ 11, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 2/11/54	REGISTRAR'S SIGNATURE A. J. Campbell	25. GENERAL DIRECTOR'S SIGNATURE, ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

(Licensed Embalmer's Statement on Reverse Side)

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 *Duane Ewing*.....

Licensed Embalmer No. *387*

P. O. Address *Leola*

**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.**