No. 300
10-48

FILED APR 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9236

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5628 Registrar's No. [illegible]

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Gasconade
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lynchburg, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Gasconade 0530
d. STREET ADDRESS (If rural, give location) Lynchburg, Mo.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Fulks

4. DATE OF DEATH (Month) (Day) (Year) March 16, 1954

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 8, 1883
9. AGE (In years last birthday) 70 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Plato, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Fulks
13b. MOTHER'S MAIDEN NAME Mary Bowen
14. NAME OF HUSBAND OR WIFE Bessie Fulks

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 Bessie Fulks ADDRESS Lynchburg Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder c internal Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Secondary to Carcinomatosis

DUE TO (c) Cardio Vascular Renal disease c terminal Uremia & Oliguria

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 181 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1954, *to* Mar 12, 1954, *that I last saw the deceased alive on* Mar 12, 1954, *and that death occurred at* 2.00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. J. Burns, M.D. 0
23b. ADDRESS Houston Mo
23c. DATE SIGNED 3/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-19-54
24c. NAME OF CEMETERY OR CREMATORY S tarks Cemetery
24d. LOCATION (City, town, or county) (State) Laclede, Mo.

DATE REC'D BY LOCAL REG. 3-27-1954
REGISTRAR'S SIGNATURE Wella L. Way 0 424
25. FUNERAL DIRECTOR'S SIGNATURE L R Palmer Jr. **ADDRESS** Lebanon

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1954

Received .....

Laclede County Health Unit

File No. 4-54-54

Date Filed APR 3 1954

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 .....

.....

working under my personal supervision.

Student Embalmer No. .....

Signed Stanleigh R. Palmer

Signed .....
Student Embalmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.