

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 11 1954 STANDARD CERTIFICATE OF DEATH

State File No. **11601**

BIRTH NO.		REG. DIST. NO. 96		PRIMARY REG. DIST. NO. 5313		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY DALLAS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dallas			
b. CITY (If outside corporate limits, write RURAL and give township) CHARITY		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Charity		d. 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 Jackson Hosp.				e. STREET ADDRESS (If rural, give location) 3300			
3. NAME OF DECEASED (Type or Print) SUSAN P. FULTZ			4. DATE OF DEATH (Month) (Day) (Year) 4-27-1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-31-1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 10 Days 26	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State, or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm Brundidge		13b. MOTHER'S MAIDEN NAME Mary Frazer		14. NAME OF HUSBAND OR WIFE 			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Lola Rea ADDRESS 410			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poss. Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) General senile degeneration II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recurrent pyelitis & cystitis mental deterioration				INTERVAL BETWEEN ONSET AND DEATH 20 yrs. 5 yrs. 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1500				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 February, 1953 , to April 27, 1954 , that I last saw the deceased alive on Jan 11, 1954 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. M. Macdonnell, MD.				23b. ADDRESS Marshfield Mo.		23c. DATE SIGNED April 1, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-30-1954		24c. NAME OF CEMETERY OR CREMATORY Frazer		24d. LOCATION (City, town, or county) (State) Dallas Co Mo	
DATE REC'D BY LOCAL REG. 5-4-54		REGISTRAR'S SIGNATURE Ernest P. Jones		25. FUNERAL DIRECTOR'S SIGNATURE L B Jones		ADDRESS Buffalo 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.....
Signature of Student Embalmer

Signed *Malis B Jones*.....

Licensed Embalmer No. 4322

P. O. Address *Buffalo, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.