

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15877

State File No. ....

2134

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2134</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
c. LENGTH OF STAY (in this place) <b>46 YEARS</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is 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 <b>General Hospital No. 1</b>	
e. STREET ADDRESS <b>49 3114 Harrison</b>		f. (If rural, give location) <b>3498</b>		3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>Faye</b>		b. (Middle) <b>C.</b>		c. (Last) <b>Fulbright</b>		5. SEX <b>FEMALE</b>	
6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 1</b>		8. DATE OF BIRTH <b>AUGUST-16-1889</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>64</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OPERATOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BOARDING HOUSE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>WICHITA, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM C. MCGANNON</b>		13b. MOTHER'S MAIDEN NAME <b>BEULAH KEATHLEY</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM F. FULBRIGHT</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>495-38-5887</b>		17. INFORMANT'S SIGNATURE OR NAME <b>BESSIE COX</b>		ADDRESS <b>3325 PROSPECT AVE. KANSAS CITY, MO</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diffuse peritonitis</b>		ANTECEDENT CAUSES DUE TO (b) <b>Acute cholecystitis with perforation of gall bladder</b>				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>585X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>May 4</u> , 19 <u>54</u> , to <u>May 9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 9</u> , 19 <u>54</u> , and that death occurred at <u>6:09P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>B.I. Burns</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>5-10-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY-12-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>5-12-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>O.H. Newsome's Sons</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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 *Albert L. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kansas*

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.