

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33894

FILED OCT 27 1954

State File No. 4713

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JOHNSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY			c. CITY OR TOWN KNOB NOSTER	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LUKES HOSPITAL				e. STREET ADDRESS (If rural, give location) Box # 21			
3. NAME OF DECEASED (Type or Print)		a. (First) EMMETT		b. (Middle) J		c. (Last) FULMER	
4. DATE OF DEATH		(Month) OCT		(Day) 11		(Year) 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 3 - 1905		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN			10b. KIND OF BUSINESS OR INDUSTRY CRESCENT ELECTRIC		11. BIRTHPLACE (City and State or Foreign Country) PITTSBURGH, PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? U.S.P.
13a. FATHER'S NAME LEWIS FULMER		13b. MOTHER'S MAIDEN NAME ELEANOR UNKNOWN		14. NAME OF HUSBAND OR WIFE BERNITA FULMER		KNOB NOSTER MISSOURI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 168-01-1766		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MAC BERNITA FULMER BOX 21, KNOB NOSTER, 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) Fractured Skull ANTECEDENT CAUSES (b) Burns Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 29 1/2 10
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) factory		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 23 (STATE) MO		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-11-54 5:15 P. m.	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell down elevator shaft					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:15 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree or title) 3				23b. ADDRESS 1034 Prairie Blvd		23c. DATE SIGNED 10-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT. 12 1954		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) PITTSBURGH, PENNSYLVANIA	
DATE REC'D BY LOCAL REG. 10-12-54		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS S.H. Newcomer 1331-BRUSH CREEK KANSAS CITY, MO.			

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

OCT 28 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.....  
Signature of Student Embalmer

Signed *Richard L. Dager*

Licensed Embalmer No. 495

P. O. Address *W. B. M.*

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.