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BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 10

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| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Monroe Township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Monroe Township</u> <u>2570</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles n.w. of Winfield</u> | | d. STREET ADDRESS (If rural, give location) <u>3 miles n.w. of Winfield</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Willie</u> | b. (Middle) <u>Floyd</u> | c. (Last) <u>Fullington</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 4, 1954</u> |
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| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Sept. 30, 1895</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired - body finisher - Fisher Body</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Fisher Body</u> | 11. BIRTHPLACE (State or foreign country) <u>Huntsville, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Thomas Fullington</u> | 13b. MOTHER'S MAIDEN NAME <u>Julia Jackson</u> | 14. NAME OF HUSBAND OR WIFE <u>Rebecca Fullington</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NUMBER <u>yes</u> <u>number not known</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Rebecca Fullington - Winfield</u> | ADDRESS <u>Winfield</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | <u>Massive Cerebral Hemorrhage</u> | <u>10 minutes</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. | DUE TO (b) <u>Chronic Hypertensive Heart Disease</u> | <u>2 years</u> |
| | DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>43X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 4th, 1954, Only 4, 1954, that I last saw the deceased alive on Oct. 4, 1954, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Frank L. Sutton, M.D.</u> | 23b. ADDRESS <u>Winfield, Mo.</u> | 23c. DATE SIGNED <u>10/6/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/6/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Oct-16-54</u> | REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles E. Elsberry</u> | ADDRESS <u>Elsberry, Mo.</u> |
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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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *[Handwritten Signature]*

Licensed Embalmer No. *4012*

P. O. Address *Elsherry, 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 this body is not embalmed, fact should be so stated above.