No. 300
10.48

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2245

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY St. Francois 2
b. CITY OR TOWN Farmington RURAL St. Francois
c. LENGTH OF STAY (in this place) 3Y;8M;18das.
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Route 1 Rural 0120

3. NAME OF DECEASED (Type or Print)
a. (First) MINNIE
b. (Middle) MAY
c. (Last) FULENWIDER

4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1955

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 4, 1874
9. AGE (In years last birthday) 80 — If under 1 year: Months 9 Days 3 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
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 Columbus Baker
13b. MOTHER'S MAIDEN NAME Virginia Glidewell
14. NAME OF HUSBAND OR WIFE Charles E. Fulenwider

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 ADDRESS Records, State Hospital No. 4, Farmington, 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) Coronary Occlusion - - - - - - - - - instantaneous.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease - - Unknown.
DUE TO (c) Senility.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis with cerebral arteriosclerosis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
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* January 3, 19 55 *to* Jan. 7, 19 55, *that I last saw the deceased alive on* Jan. 7, 19 55, *and that death occurred at* 6:22 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John A. Brennan MD
23b. ADDRESS State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED 1-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 10 1955
24c. NAME OF CEMETERY OR CREMATORY Rombauer Cem.
24d. LOCATION (City, town, or county) (State) Rombauer, Mo.

DATE REC'D BY LOCAL REG. Jan. 7, 1955
REGISTRAR'S SIGNATURE Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Funeral Home, Poplar Bluff, 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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wallace R. Knige

Licensed Embalmer No. 451

P. O. Address 412 Vi
Poplar B

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.