

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15447

FILED MAY 24 1955

State File No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1692</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Hospital</u>				• STREET ADDRESS (If rural, give location) <u>9001 E. 27th St. RR 9</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grover</u>			b. (Middle) <u>Fulton</u>		c. (Last) <u>Fulton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 15, 1955</u>
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>July 24, 1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robt. Fulton</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Skinner</u>		14. NAME OF HUSBAND OR WIFE <u>Golda Fulton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>495 10 3235</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Golda Fulton, Kansas City, Mo. RR 9</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left heart failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension & status asthmaticus.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>(?) over 3wks</u> <u>24/1</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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>3/15</u> , 19 <u>55</u> , to <u>4/14</u> , 1955, that I last saw the deceased alive on <u>4/14</u> , 1955, and that death occurred at <u>12:15A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. L. Whetstone, D.O.</u>				23b. ADDRESS <u>401 W. Truman, Indep. Mo.</u>		23c. DATE SIGNED <u>4/15/55</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/17/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brooking Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Raytown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-16-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. G. Carson</u>		ADDRESS <u>Independence, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
M. L. Whetstone

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 *Tom D. Markla*

Licensed Embalmer No. *450*

P. O. Address *Indep.*

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.