

STANDARD CERTIFICATE OF DEATH

State File No. **15682**

FILED JUN 15 1955

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **215**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 7 years	c. CITY OR TOWN Independence
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 1015 Norwood		d. Is Residence within limits of a city or incorporated town? yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS 1015 Norwood		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Marion		b. (Middle) J.	c. (Last) Fulkerson
4. DATE OF DEATH June 9, 1955		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	
8. DATE OF BIRTH Feb. 5 1893		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Carnivals	
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Marion J. Fulkerson		13b. MOTHER'S MAIDEN NAME Nanie Miller	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO. 487 16 5307		17. INFORMANT'S SIGNATURE OR NAME Mrs. Velva Fulcher, Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion ANTECEDENT CAUSES DUE TO (b) hypertension DUE TO (c) arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) Independence Missouri	
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?		22. I hereby certify that I attended the deceased from July 1953 , to June 1955 , that I last saw the deceased alive on May 24, 1955 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE R. H. Ray Jr.		23b. ADDRESS 29529 Juniper Rd Independence Mo.	
23c. DATE SIGNED 6/10/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6/11/55		24c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery	
24d. LOCATION (City, town, or county) (State) Raytown, Mo.		DATE REC'D BY LOCAL REG. 6-11-55	
REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE [Signature]	
ADDRESS 354 Independence, Mo.		ADDRESS Independence, Mo.	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Dean W. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Independence*

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.