

300
48

FILED JUL 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23158

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kolla</u>	c. LENGTH OF STAY (In this place) <u>36 Days</u>	c. CITY OR TOWN <u>St Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shelby County Memorial</u>		STREET ADDRESS (If rural, give location) <u>4338 A Grace</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DOYOTAH</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>FULLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 5 1896</u>	9. AGE (In years, Months, Days) <u>58</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, or as retired) <u>House Wife</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Newburg MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>Charles H. Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Carroll Marshall</u>	14. NAME OF HUSBAND OR WIFE <u>Le Roy A Fuller</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state branch and known) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. A. Fuller</u> ADDRESS <u>St Louis Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>1561</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>May 27 55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Liver</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>no</u>	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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no</u>

22. I hereby certify that I attended the deceased from May 26, 1955, to July 13, 1955, that I last saw the deceased alive on July 13, 1955, and that death occurred at 12:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. A. Fuller</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Rolla Mo - Rm 100</u>	23c. DATE SIGNED <u>7-14-55</u>
--	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14 - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kolla</u>	24d. LOCATION (City, town, or county) (State) <u>Kolla MO</u>
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 14, 1955</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. S. Hall</u> ADDRESS <u>Rolla MO</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed
JUL 19 1955

MAY 11 8 30 AM '55

VS MAY 9 1960

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.....
S. B. V. [Signature]

Licensed Embalmer No. 339

P. O. Address.....
Roller

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.