

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39794

FILED JAN 16 1956

State File No. _____
Registral's No. 94

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No. _____		Registral's No. 94	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>			c. LENGTH OF STAY (In this place) <u>2 wks.</u>		c. CITY OR TOWN <u>Bloomfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>				STREET ADDRESS <u>Route # 1</u>		(If rural, give location) <u>10341</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>			b. (Middle) <u>OTIS</u>		c. (Last) <u>FULKERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 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>Feb. 27, 1882</u>		9. AGE (In years last birthday) <u>73</u>	
						IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>crop farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Golconda, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Newton Fulkerson</u>			13b. MOTHER'S MAIDEN NAME <u>Verba Blackman</u>			14. NAME OF HUSBAND OR WIFE <u>Lydia Fulkerson</u>			
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 NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claud Fulkerson, Bloomfield, Mo. R. # 1</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyelonephrosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>6000</u>							
19a. DATE OF OPERATION <u>Dec 55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy</u>						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) _____		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>1946</u> to <u>1955</u> , to <u>30 Dec, 1955</u> , that I last saw the deceased alive on <u>30 Dec, 1955</u> , and that death occurred at <u>8:24</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>321 Oak, Poplar Bluff, Mo</u>			23c. DATE SIGNED <u>Jan 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 1, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walker cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1/10/56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GHILES UND.CO. Bloomfield, Mo.</u> ADDRESS _____					

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

RECEIVED

JAN 12 1956

OUTLER CO. HEALTH CENTER

FILE No. _____

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 Lulu Cooper # 3499, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Lulu C Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield

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.