

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39908

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4075 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale, Missouri</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Hale,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home west part town</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>DU SKY</u>	c. (Last) <u>FULCHER</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11th, 1955</u>		5. SEX <u>M</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 4th, 1884</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Common Laborer</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Millner Fulmore Fulcher, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Celia Ann Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Orris P. Fulcher</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY (If yes, give year or date of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Orris P. Fulcher Hale, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Melanoma on back of Head with generalized metastases</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> II. OTHER SIGNIFICANT CONDITIONS <u>190x</u> 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)	
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?		22. I hereby certify that I attended the deceased from <u>Nov 28</u> , 19 <u>55</u> , to <u>Dec 11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 8</u> , 19 <u>55</u> , and that death occurred at <u>7:15 AM</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Joseph F. Gale M.D.</u>		23b. ADDRESS <u>Chillicothe Mo</u>	
23c. DATE SIGNED <u>12/13/55</u>		24. NAME OF CEMETERY OR CREMATORY <u>Coloma cemetery</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/13/1955</u>	
24c. LOCATION (City, town, or county) (State) <u>Tina, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin, Tina, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 13, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs Rex Henderson</u>	

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

DEC 28 1935

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.....  
*Clifford W. Johnston*

Licensed Embalmer No..... 323

P. O. Address..... Tina Miss

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.