

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1956

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6278 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY WRIGHT
b. CITY OR TOWN RURAL (BRUSH CREEK)
c. LENGTH OF STAY (in this place) 5 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY WRIGHT
c. CITY OR TOWN HARTVILLE
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) RURAL 4 mi No. 1140

3. NAME OF DECEASED (Type or Print)
a. (First) NELLIE b. (Middle) JANE c. (Last) FULLINGTON

4. DATE OF DEATH (Month) (Day) (Year)
1-18-56

5. SEX Female

6. COLOR OR RACE W

7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED

8. DATE OF BIRTH 5-8-1897

9. AGE (In years last birthday) 58 If UNDER 1 YEAR Months 8 Days 10 If UNDER 24 HRS. Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) WRIGHT COUNTY MO

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME John Waymire

13b. MOTHER'S MAIDEN NAME Susan

14. NAME OF HUSBAND OR WIFE Jess Fullington (Des.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Nelsky Hartsville

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) Ruptured right Carotid Artery
ANTECEDENT CAUSES DUE TO (b) Aneurysm of Carotid
DUE TO (c) ?
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
10 minutes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)
452x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1955, to Jan 18, 1956, that I last saw the deceased alive on Jan 5, 1956 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. F. W. Worthy

23b. ADDRESS Hartsville Mo

23c. DATE SIGNED 1-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 1-21-56

24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill

24d. LOCATION (City, town, or county) (State) 5 mi W. of Hartsville, Mo

DATE REC'D BY LOCAL REG. 1-24-56

REGISTRAR'S SIGNATURE [Signature] 346.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature]

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

RECEIVED JAN 28 1956
WRIGHT CO. HEALTH DEPT.
County File Number 156-13
Date Filed JAN 31 1956

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..... James W. Wair

Licensed Embalmer No. 4657
P. O. Address Springfield,

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.