

FILED OCT 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30190

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 37

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| 1. PLACE OF DEATH a. COUNTY <u>Clinton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u> | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Quinn Rest Home</u> | | d. STREET ADDRESS (If rural, give location) <u>206 N 8th</u> 0250 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Fuller</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29 1956</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>June 21 1877</u> | 9. AGE (In years last birthday) <u>79</u> 5 8 | IF UNDER 1 YEAR Months <u>5</u> | IF UNDER 24 HRS. Day Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Theo. Fuller</u> | 13b. MOTHER'S MAIDEN NAME <u>Susan Carpenter</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> X X | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Allen Anderson</u> | ADDRESS <u>Plattsburg, MO.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> | | <u>4-6 wks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Atherosclerosis</u> | | <u>6-8 weeks</u> <u>8 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal insufficiency</u> | | <u>4-6 wks</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Aug 1953, to Sept 29, 1956, that I last saw the deceased alive on Sept 29, 1956 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John P. Mabey M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Plattsburg, MO.</u> | 23c. DATE SIGNED <u>10-1-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct 1 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u> |
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| DATE REC'D BY LOCAL REG <u>Oct 1-1956</u> | REGISTRAR'S SIGNATURE <u>Elizabeth Seearce</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Lyon</u> | ADDRESS <u>Plattsburg, MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed Phillips E. Cook
Licensed Embalmer No. 4993

P. O. Address Stationsburg, Mo.

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 this body is not embalmed, fact should be so stated above.