

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41302

FILED DEC 24 1956

State File No. 1229 Registrar's No. 108

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>108</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Howard.</u>		b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>New Franklin</u>		c. CITY OR TOWN <u>New Franklin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>32 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home.</u>		STREET ADDRESS (If rural, give location) <u>no rw. 0950</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Eara</u>		b. (Middle) <u>Pannell</u>	c. (Last) <u>Fulcher.</u>		Month <u>Nov.</u> Day <u>17</u> Year <u>56.</u>		Female
6. COLOR OR RACE <u>Negr.</u>		7. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>Sept. 10 - 1900</u>		9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jubbits Mo. Callaway Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>She Pannell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Heston</u>		14. NAME OF HUSBAND OR WIFE <u>Claude Fulcher.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>491-32-1252</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Jackson New Franklin Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma cervix</u>				8 m.	
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		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)		171X	
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>March, 1956</u> , to <u>Nov 17, 1956</u> , that I last saw the deceased alive on <u>Nov 17, 1956</u> and that death occurred at <u>9 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. R. Beech, M.D.</u>				23b. ADDRESS <u>Fayette Mo</u>		23c. DATE SIGNED <u>11/21/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 21 - 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Church</u>		24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-21-56</u>		REGISTRAR'S SIGNATURE <u>Mary T. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. L. Hall New Franklin Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
450
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD
436

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 *W. B. Hall*.....

Licensed Embalmer No. *3515*.....

P. O. Address *New Franklin*.....

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.