

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1957

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 32

300
7-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		c. CITY OR TOWN LINN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MAYME Middle ALICE Last FULKERSON		4. DATE OF DEATH JAN. 22, 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR. 25, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
13. FATHER'S NAME JOHN MCMICHAEL		14. MOTHER'S MAIDEN NAME KATHERINE GILLIAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT MR. CHARLES FULKERSON,		Address LINN, MISSOURI	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arteriosclerosis DUE TO (b) Cerebral aneurysm DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 5 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		170X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1950 to Jan 22/57 and last saw her/him alive on Jan 27/57 . Death occurred at 6:30 P.M. on the day stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) Dean A. Taylor M.D. Jefferson City		22b. ADDRESS	
22c. DATE SIGNED 1-23-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. NAME OF CEMETERY OR CREMATORY RESURRECTION	
23c. DATE JAN. 24, 1957		23d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MISSOURI	
24. FUNERAL DIRECTOR CLYDE MORTON		ADDRESS LINN, MO.	
25. DATE RECD. BY LOCAL REG. 23 January '57		26. REGISTRAR'S SIGNATURE R.P. Norris MD-26	

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..... *Vernon Monte*

Licensed Embalmer No.... *41*

P. O. Address..... *Law*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.