

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH157 021701
STATE LICENSE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 51

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>LAWRENCE</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Aurora</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>LAWRENCE</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>708 Lincoln</i>		Length of stay in 1b		c. CITY OR TOWN <i>Aurora</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>George H. Fuller</i>				4. DATE OF DEATH Month Day Year <i>July 2-1957</i>			
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 15-1887</i>	9. AGE (In years last birthday) <i>70</i>	10. UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <i>30</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Motor Courts</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>		11. BIRTHPLACE (City and state or country) <i>Miltonvale Kan.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>J. A. Fuller</i>				14. MOTHER'S MAIDEN NAME <i>Mary Whiskey</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>530-053761</i>		17. INFORMANT Name Address <i>Judy Fuller Aurora Mo.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>15 minutes</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <i>Generalized Arteriosclerosis</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <i>4201</i>	
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 <i>July 2, 1957</i> to <i>July 2, 1957</i> and last saw her him alive on <i>July 2, 1957</i> . Death occurred at <i>3:10</i> PM <i>AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Ernest L. Kelley M.D.</i>				22b. ADDRESS <i>Aurora, Mo.</i>		22c. DATE SIGNED <i>July 4, 1957</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>7/5/57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Maple Park</i>		23d. LOCATION (City, town, or county) (State) <i>Aurora Mo.</i>	
24. FUNERAL DIRECTOR <i>Ernest L. Marsh</i>		ADDRESS <i>Aurora Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>7/4/57</i>		26. REGISTRAR'S SIGNATURE <i>Orin Mc Natt</i>	

(Licensed Embolmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

157

FEB 19 1958

JUN 13 1954

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 *myself* Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Quinn P. Marsh*
Licensed Embalmer No. 38

P. O. Address *Quinn P. Marsh*

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