

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

State File No. **271**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Taylor	
b. CITY (If outside corporate limits, write RURAL and give township) St Joseph	c. LENGTH OF STAY (in this place) 4 weeks	c. CITY OR TOWN Bedford	d. Residence within limits of city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			
e. STREET ADDRESS Central St.		f. Rural, give location 8408	

3. NAME OF DECEASED (Type or Print) a. (First) Kennie H. b. (Middle) FULLER c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan 26-1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) married	8. DATE OF BIRTH Aug 10-1896
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and State or Foreign Country) Taylor Co Iowa
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Clothing	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME M.C. Fuller		13b. MOTHER'S MAIDEN NAME Mary (unknown)	14. NAME OF HUSBAND OR WIFE Bess Fuller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Sp Am.	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Fuller Toledo Ohio	

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) Left ventricular failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic heart disease 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.		INTERVAL BETWEEN ONSET AND DEATH 39 days stroke glaucoma
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) 4200	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from **12-31, 1957** to **1-26, 1958**, that I last saw the deceased alive on **1-25, 1958**, and that death occurred at **10:25 P.M.** on the causes and on the date stated above.

23a. SIGNATURE Lucien M. De M.D.		(Degree or title)	23b. ADDRESS 902 Edward St Joseph	23c. DATE SIGNED 1-28-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-29-58	24c. NAME OF CEMETERY OR CREMATORY Laird's Cem	24d. LOCATION (City, town, or county) (State) Bedford Iowa	

DATE REC'D BY LOCAL REG. 1-31-58	REGISTRAR'S SIGNATURE Mrs Robert Fulton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank L. [unclear] Bedford	
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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.....
Signature of Student Embalmer

Signed.....
Frank Switzer

Licensed Embalmer No. 451

P. O. Address *Bedford,*

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.