

Health, Welfare, Public Service

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

913 STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 95

1. PLACE OF DEATH: Greene, Missouri, Springfield, 1886 N. Robberson. 2. USUAL RESIDENCE: Missouri, Greene. 3. NAME OF DECEASED: CLYDE JAMES FULLERTON. 4. DATE OF DEATH: January 26, 1958. 5. SEX: Male. 6. COLOR OR RACE: White. 7. MARRIED: NEVER MARRIED. 8. DATE OF BIRTH: 21 June 1899. 9. AGE: 58. 10a. USUAL OCCUPATION: Clerk. 10b. KIND OF BUSINESS OR INDUSTRY: Railroad. 11. BIRTHPLACE: Missouri. 12. CITIZEN OF WHAT COUNTRY? USA. 13a. FATHER'S NAME: Luther Fullerton. 13b. MOTHER'S MAIDEN NAME: Lillie Ann Kimmons. 14. NAME OF HUSBAND OR WIFE: Dorothy. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? No. 16. SOCIAL SECURITY NO.: No. 17. INFORMANT: Hospital Records. 18. CAUSE OF DEATH: Myocardial infarction. 19. WAS AUTOPSY PERFORMED? YES. 20a. ACCIDENT SUICIDE HOMICIDE. 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY. 20d. INJURY OCCURRED WHILE AT WORK. 20e. PLACE OF INJURY. 20f. CITY, TOWN, OR LOCATION: Springfield, Missouri. 21. I attended the deceased from 1-6-58 to 1-26-58 and last saw him alive on 1-25-58. 22a. SIGNATURE: [Signature]. 22b. ADDRESS: 609 Cherry Springfield, Missouri. 22c. DATE SIGNED: 1-27-58. 23a. BURIAL, CREMATION, REMOVAL: Burial. 23b. DATE: 1-28-58. 23c. NAME OF CEMETERY OR CREMATORY: Bellview. 23d. LOCATION: Greene County, Mo. 24. FUNERAL DIRECTOR: Jew. Klingner, Springfield, Mo. 25. DATE RECD. BY LOCAL REG.: 1-28-58. 26. REGISTRAR'S SIGNATURE: Effie G. Melton.

(Licensed Embalmer's Statement on Reverse Side)

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 *Oglestone Jno* .....

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.