

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022818  
STATE FILE NUMBER

FILED JUL 8 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 125

300  
-57  
0

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY: <u>Phelps</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rolla</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps County Mem</u>		Length of stay in 1b <u>1 DAY</u>	d. STREET ADDRESS (If outside, give location) <u>081 1/2 1106 Lynwood Dr.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>FRANKLIN</u> Last <u>Fuller</u>			4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 15 1883</u>	9. AGE (In years last birthday) <u>74</u>	10. FUNDING YEAR Months <u>8</u> Days <u>17</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Rolla Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>FRANK Fuller</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA Roach</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Lee Fuller</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-07-6695</u>	17. INFORMANT Address <u>Ronald J. Fuller, Rolla Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Jan advanced arterio-sclerosis</u> DUE TO (c) <u>4500</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1/2 yrs.</u>	
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>						
20d. INJURY OCCURRED WHILE AT <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 <u>July 57</u> to <u>2 July 58</u> and last saw <sup>him</sup> <u>live on July 1, 58</u> Death occurred at <u>Side R</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>James M. Hughes M.D.</u>		22b. ADDRESS <u>Rolla, Mo.</u>		22c. DATE SIGNED <u>7/3/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>July 5 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Roach Cemetery</u>		23d. LOCATION (City, town, or county) <u>Near Newburg Mo</u>		
24. FUNERAL DIRECTOR <u>Lee Johnson</u>		ADDRESS <u>Newburg Mo</u>	25. DATE RECD. BY LOCAL REG. <u>July 3, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

Phelps County Health Officer,

County File Number 1082

Date Rec'd JUL - 7 - 1959

856: 2 T 100

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 William Lee Stearns.....

Licensed Embalmer No. 5043.....

P. O. Address Newburg Mo.....

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.