

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036378
STATE FILE NUMBER

FILED OCT 29 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4795

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1421 Broadway		Length of stay in lb 1 1/2 yrs.	d. STREET ADDRESS (If outside, give location) 1421 Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Irvin Middle Peyton Last Fulp			4. DATE OF DEATH Month 10 Day 7 Year 1958
5. SEX Male	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 3-17-1927
9. AGE (In years of birthday) 31		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Polisher		10b. KIND OF BUSINESS OR INDUSTRY Dysart Dental Lab.	11. BIRTHPLACE (City and state or country) Virgilana, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Elias Fulp	13b. MOTHER'S MAIDEN NAME Janie Ford
14. NAME OF HUSBAND OR WIFE Rose Fulp		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> unknown) (If yes, give branch or type of service) U.S. Army	
16. SOCIAL SECURITY NO. 230-20-2729		17. INFORMANT Address Mrs. Rose Fulp; 532 Orville K.C.K.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death by Suffocation & burns of face & chest 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)			INTERVAL BETWEEN ONSET AND DEATH 2 9 1/2
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Bed caught fire. Apparently		20c. TIME OF INJURY Hour Month, Day, Year a.m. 10-7-58 p.m. Smoking in bed.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, field, etc.) Rooming house	20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H. Owens (Degree or title) 3		22b. ADDRESS 1034 Pialto Bldg	
22c. DATE SIGNED 10-8-58		23. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-11-1958	
23c. LOCATION (City, town, or county) Kansas City, Kansas		23d. LOCATION (State) (State)	
24. FUNERAL DIRECTOR Weillert Funeral Homes; K.C., Mo.		25. DATE RECD. BY LOCAL REG. 10-11-58	
26. REGISTRAR'S SIGNATURE nera menshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens

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.



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 *B. E. Wicket*

Licensed Embalmer No. *4075*

P. O. Address *K. C. 8, 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.