

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002593
STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 308 Primary Registration District No. 6049 Registrar's No. 7

300
1-57

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Femme Osage (Twp)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Defiance
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile north of Defiance, Mo.		Length of stay in lb Lifetime	d. STREET ADDRESS 1 mile north of Defiance, Mo.

3. NAME OF DECEASED (Type or print) First Howard Middle B. Last Fulkerson			4. DATE OF DEATH Month Jan. Day 7 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 14, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0 Days 9	IF UNDER 24 HRS. Hours 22 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY Farm & General Const.	11. BIRTHPLACE (City and state or country) St. Charles Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Fulkerson	13b. MOTHER'S MAIDEN NAME Annie Dunlap	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Ralph Fulkerson Sr. Defiance, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Cause's Old age.		INTERVAL BETWEEN ONSET AND DEATH
From the general appearance of the place of death and from the testimony of friends and neighbors, I am convinced the said Howard Fulkerson died of natural cause's.		
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (b) of death and from the testimony of friends DUE TO (c) Howard Fulkerson died of natural cause's.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) 794X
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20c. TIME OF INJURY Hour 7 Month Jan , Day 8 , Year 1959 a.m. 0 p.m. 0	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Defiance	COUNTY St. Charles	STATE Mo.
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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 Morris Murchony (Degree or title) Cornor	22b. ADDRESS Wentzville Mo	22c. DATE SIGNED Jan 8, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Fulkerson Family	23d. LOCATION (City, town, or County) Defiance, Mo.	(State)
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24. FUNERAL DIRECTOR Morris Murchony, Wentzville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 10, 1959	26. REGISTRAR'S SIGNATURE Mrs Viola Fleschmeier.
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Howard O Kesler*

Licensed Embalmer No. *4631*

P. O. Address. *Wentzville, 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.