

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024308

FILED VS JUL 31 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 347

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CARTER</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Length of stay (if 1b) <u>2 WKS</u>	c. CITY OR TOWN <u>ELLSINORE</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>ELLSINORE</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Willey</u> Last <u>Fuller</u>			4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1959</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>4/14/1893</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>CARTER Co. MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bud FULLER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA GOREY</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET 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.		17. INFORMANT <u>MARGARET FULLER, ELLSINORE, MO</u> Address	

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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
DUE TO (b) <u>arterio sclerosis</u>		
DUE TO (c)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition giving rise to PART I (a) <u>Recent Thortle Reaction with Pusney</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 29 June 59 to 13 July 59 and last saw him alive on 3 July 59
Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>321 Det Poplar Bluff Mo</u>		22c. DATE SIGNED <u>15 July 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7/15/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CHAPEL</u>	23d. LOCATION (City, town, or county) (State) <u>CARTER Co. MO</u>	
24. FUNERAL DIRECTOR <u>McSpadden</u> ADDRESS <u>VAN BUREN MO.</u>		25. DATE READ BY LOCAL REG. <u>7/20/59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Allen C. McSpill

Licensed Embalmer No. 4543

P. O. Address Van Buren

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.