

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS AUG 10 1959

59-025129

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3543

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>3 1/2 yrs</u>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1636 W. 28th St.</u>		d. STREET ADDRESS (If outside, give location) <u>1636 W. 28th St.</u>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>RICHARD</u> Middle <u>FULLER</u> Last <u>FULLER</u>			4. DATE OF DEATH Month <u>July</u> Day <u>17</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</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>8-14-1891</u>
9. AGE (last birthday) <u>67 yrs</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Mapleton, Kansas</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Dave Fuller</u>	
13b. MOTHER'S MAIDEN NAME <u>Mattie McNair</u>		14. NAME OF HUSBAND OR WIFE <u>Loudena 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>515-10-3926</u>	17. INFORMANT <u>Loudena Fuller 1636 W. 28th St.</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>Intestinal obstruction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Extensive transitional cell CA of the bladder</u>			<u>about 3 yrs</u>
DUE TO (c) <u>  </u>			<u>  </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ASHD</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
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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	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 <u>February 2 '59</u> to <u>7-8-59</u> and last saw <u>him</u> alive on <u>7-8-59</u> Death occurred at <u>4:10 Pm. 7-8-59</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Herbert A Kaufmann M.D.</u>		22b. ADDRESS <u>Univ of Ks Med. Center</u>	22c. DATE SIGNED <u>7-20-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-21-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Kans. City, Kans.</u>
24. FUNERAL DIRECTOR <u>Watkins Bros. Funeral Home</u>		ADDRESS <u>18th &amp; Benton</u>	25. DATE RECD. BY LOCAL REG. <u>7-21-59</u>
26. REGISTRAR'S SIGNATURE <u>Neve Miniffell</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
Herbert A. Kaufmann

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Michelle Green

Licensed Embalmer No. 4721

P. O. Address 18th & Bent

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.