URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 27 1959

59-029747
STATE FILE NUMBER

NDED

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 136

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon
Length of stay in 1b 8 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shelby
c. CITY OR TOWN Clarence, Mo.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Clarence, Mo.
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Adrain Middle Sammuel Last Fullerton
4. DATE OF DEATH Month July Day 19 Year 1959
5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH June 2, 1883
9. AGE (last birthday) 76
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James Monroe Fullerton
13b. MOTHER'S MAIDEN NAME Mary E. Cox
14. NAME OF HUSBAND OR WIFE Maude Fullerton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-26-3586
17. INFORMANT Adrain Fullerton Address Kirksville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Obstruction of portal circulation — INTERVAL BETWEEN ONSET AND DEATH 24 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Malignant cholangitis — 6 wks +
DUE TO (c) Adenocarcinoma of gallbladder. — unk.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6-22-1959, to 7-19-1959 and last saw him alive on 7-19-1959
Death occurred at 10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alan P. Hull (Degree or title) D.O.
22b. ADDRESS Clarence, Mo
22c. DATE SIGNED 7-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 21, 1959
23c. NAME OF CEMETERY OR CREMATORY Maplewood
23d. LOCATION (City, town, or county) (State) Clarence, Missouri
24. FUNERAL DIRECTOR ADDRESS Greening - Clarence, Missouri
25. DATE RECD. BY LOCAL REG. 8/19/59
26. REGISTRAR'S SIGNATURE [illegible] McNealy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 28 1964

APR 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul E. Hayes

Signature of Student Embalmer

Licensed Embalmer No. 44

P. O. Address Shelbina

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.