URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959 XC-2788250 REG.NO.A-1633

59-039097

STATE FILE NUMBER

Registration District No. ____ Primary Registration District No. 3007 Registrar's No. 536

IENDED

1. PLACE OF DEATH a. COUNTY: BUTLER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: ARKANSAS b. COUNTY: BAXTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Length of stay in 1b: 3 DAYS	c. CITY OR TOWN: HENDERSON — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADM.HOSPITAL — Inside Limits: Yes [X] No [ ]	d. STREET ADDRESS (If outside, give location): NONE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
THOMAS	RAY	FULLER	NOVEMBER 7, 1959

5. SEX	6. COLOR OR RACE	7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HR Hours	Min.
MALE	WHITE		7-29-93	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
SALESMAN	SEARS ROEBUCK CO.	ANDREW CO., MISSOURI	U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
JOHN W. FULLER	EVA ROBERTS	NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
YES	WWI	411092988	VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

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) PERFORATED GASTRIC ULCER WITH GENERALIZED PERITONITIS. — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

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)

1. HYPERTENSIVE CARDIOVASCULAR DISEASE WITH AURICULAR*

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

~~20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)~~ *FIBRILLATION AND CONGESTIVE FAILURE. (8 Years.)

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. VA attended the deceased from November 4, 1959, to November 7, 1959 and last saw her/him alive on ____

Death occurred at 1:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
ERNEST M. TAPP, M.D., Director, Prof. Svcs.	VA HOSPITAL, POPLAR BLUFF, MO.	11/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	11-9-59	Local	Salem, Arkansas

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Carter Funeral Service Salem, Ark.	11/21/59	[signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Philip J. Cassely

Signature of Student Embalmer

Licensed Embalmer No. 4618

P.O. Address Poplar Blu

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