

# JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005594

FILED VS. MAR. 7 1960

77

Primary Registration District No. 3016

Registrar's No. 79

STATE FILE NUMBER 60-005594

1. PLACE OF DEATH a. COUNTY <b>Cole</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Cole</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Length of stay in 1b <b>73yrs</b>	c. CITY OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1134 West High Street</b>	
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Charles</b> Last <b>Fulkerson</b>			4. DATE OF DEATH Month <b>February</b> Day <b>29</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/30/86</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookbinder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Printing Business</b>	11. BIRTHPLACE (City and state or country) <b>Jefferson City, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Frank G. Fulkerson</b>		13b. MOTHER'S MAIDEN NAME <b>Birdie M. Roetzer</b>		14. NAME OF HUSBAND OR WIFE <b>Pearl Fulkerson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Pearl Fulkerson, Jefferson City, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>TOXAEMIA AND ILEUS</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>PERITONITIS &amp; UREMIA</b>					<b>21 days?</b>
DUE TO (c) <b>URETERAL CALCULUS, RT.</b>					<b>6 mos.?</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>GASTRITIS, ESOPHAGITIS, PNEUMONITIS, LFT. UPPER LOBE, PROSTATIS ACUTE, MURALTHEROMBS</b>					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 checked="" type="checkbox"/> NO <input 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.) <b>DEATH &amp; SEPSIS; OTHER SCLEROSIS MARKED</b>					
20c. TIME OF INJURY Hour - s.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 <b>SEP. 12, 1960</b> to <b>FEB. 29, 1960</b> and last saw him alive on <b>FEB. 29, 1960</b> Death occurred at <b>11:05 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Donald Shull, M.D.</b>			22b. ADDRESS <b>521 E High, Jefferson City, Mo.</b>		22c. DATE SIGNED <b>Mar. 1, 1960</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/2/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo</b>
24. FUNERAL DIRECTOR <b>Thorpe J Gordon, Jefferson City, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4 March 1960</b>		26. REGISTRAR'S SIGNATURE <b>R.P. Harris, M.D. Richter, Dep</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 7 - 1962

APR 5 1962

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 Joseph J. Jordan  
Licensed Embalmer No. 1786

P. O. Address Jefferyville

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.