# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-008227
STATE FILE NUMBER

FILED VS MAR 8 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2270

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in Hospital: 24 days
c. FULL NAME OF HOSPITAL OR INSTITUTION: Frisco Employees Hospital — Inside Limits: Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: William Last: FULTON
4. DATE OF DEATH: Month: Feb. Day: 23 Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/10/1883
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): Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Phelps Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: James P. Fulton
13b. MOTHER'S MAIDEN NAME: Ollie Wilheight
14. NAME OF HUSBAND OR WIFE: Rose Fulton.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 702-07-2153
17. INFORMANT: Rosa Fulton, Address: Newburg, 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): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c): 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): diabetes mellitus
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 Jan 31, 1960 to Feb 23, 1960 and last saw ~~him~~ alive on Feb. 23, 1960
Death occurred at 1:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Hugh C. Crowell, (Degree or title) M.D.
22b. ADDRESS: 4960 Parkside
22c. DATE SIGNED: 2/23/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-26-60
23c. NAME OF CEMETERY OR CREMATORY: Roach Cemetery
23d. LOCATION (City, town, or county) (State): Phelps Co., Mo.
24. FUNERAL DIRECTOR: Albert H. Hoppe, Inc. ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: FEB 26 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER** 0

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Lou

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.