

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-022285

LED VS JUL 12 1960

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 49

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Crooked Creek</u>		Length of stay in 1b <u>75 yrs</u>		c. CITY OR TOWN <u>Lutesville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>10 miles north of Lutesville</u>				d. STREET ADDRESS (If outside, give location) <u>10 miles north of Lutesville</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>William</u>			First Middle Last <u>Arnos Fulbright</u>			4. DATE OF DEATH Month Day Year <u>June 28 1960</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</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>7-15-1872</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u> Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Cape County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Fulbright</u>			13b. MOTHER'S MAIDEN NAME <u>Francis Statter</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Fulbright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, <u>in</u> war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>Charley Fulbright Lutesville Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Coronary Artery Occlusion</u>					
		DUE TO (c) <u>Coronary Atherosclerosis</u>					
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. <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 _____ a.m. _____ p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Dead upon my arrival</u> and last saw her alive on _____ Death occurred at <u>6:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Men & Kindes Coronar</u>				22b. ADDRESS <u>Lutesville Mo</u>		22c. DATE SIGNED <u>7-5-1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-30-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Plainview</u>		23d. LOCATION (City, town, or county) <u>Bollinger Co. Mo.</u>			
24. FUNERAL DIRECTOR <u>Kindes Funeral Home Lutesville Mo</u>				25. DATE RECD. BY LOCAL REG. <u>7/6/60</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Buford Crader.</u>	

DOCUMENT

MEDICAL CERTIFICATION

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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