

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 4 1960 175

=60-035372
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 93

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Lawrence		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		a. STATE Missouri		b. COUNTY Lawrence		
Length of stay in 1b 15 years		c. CITY OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 103 Jasper				d. STREET ADDRESS 103 Jasper				
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First Edwin		Middle LeRoy		Last Fuller		Month Day Year September 27 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/3/1887	9. AGE (last birthday) 73	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) Barber			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Rockwell City, Iowa		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Edwin Fuller			13b. MOTHER'S MAIDEN NAME Stella Degarmo			14. NAME OF HUSBAND OR WIFE Mrs. Bessie Fuller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Bessie Fuller, Aurora, Missouri			
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 1 year		
IMMEDIATE CAUSE (a)		Myocarditis, chronic with pulmonary congestion						
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)						PART III. If deceased was female was there a pregnancy in last 90 days.		
Generalized Atherosclerosis						<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 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 July 30, 1960		last saw him alive on September 27, 1960		Death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Penelth L. Foley MD				22b. ADDRESS Aurora, Mo.		22c. DATE SIGNED 8/28/1960		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
Burial		9/29/60		Maple Park Cemetery		Aurora Missouri		
24. FUNERAL DIRECTOR ADDRESS Oscar L. Marsh Aurora, Missouri				25. DATE RECD. BY LOCAL REG. 9-28-1960		26. REGISTRAR'S SIGNATURE Ora McNett		

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

~~xxxxxx~~

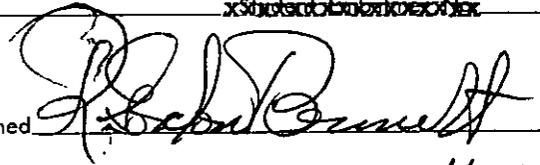
~~xStudent Embalmer~~

~~xxxxxx~~

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 4213

P. O. Address Monroeville, Pa.

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