

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020005

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 17

AMENDED

FILED JUN 12 1961

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ste. Genevieve		Length of stay in 1b 3 years	c. CITY OR TOWN Richwoods
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Gen Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Andrew Middle Jackson Last Fulkerson			4. DATE OF DEATH Month June Day 1st. Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 5, 1872 - 89	9. AGE (last birthday)	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Golda Long (Dec)	
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 Missouri Ste. Gen. Nurs Home, Ste Genevieve,		

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) Hypostatic PNEUMONIA		12h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Debility & in INANITION	1wk
	DUE TO (c) Congestive Heart Failure	2 yrs
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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
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21. I attended the deceased from Feb, 1960 to June, 1960 and last saw him alive on June 1, 1961
 Death occurred at 12:15 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul E. Marts, D.O (Degree or title)	22b. ADDRESS Ste. Genevieve, Mo	22c. DATE SIGNED 6-5-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/3/1961	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) St. Francis Co, Missouri
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24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & Son, Desloge, Mo	25. DATE RECD. BY LOCAL REG. 6 June 1961	26. REGISTRAR'S SIGNATURE George F. Wood
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(Licensed Embalmer's Statement on Reverse Side)

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

Licensed Embalmer No. 3660

P. O. Address Kesby m

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.