

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018497

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 39

FILED JUN 11 1962

VS 300
Rev. 4/59

0300

0300

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1290-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY - <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>S. Benton TWSP</u>		Length of stay in 1b <u>2 months</u>		c. CITY OR TOWN <u>Buffalo, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Buffalo, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1</u>	
3. NAME OF DECEASED (Type or print) <u>Barbara Fullerton</u>			4. DATE OF DEATH <u>May 14, 1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 29, 1875</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		11. BIRTHPLACE (City and state or country) <u>Dallas County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Jacob Haynes</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Walker</u>	
14. NAME OF HUSBAND OR WIFE <u>Allen Fullerton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Mary Gregg</u>		Address <u>Buffalo, 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>Pulmonary Hemorrhage</u>					<u>3 hours</u>
DUE TO (b) <u>Metastatic carcinoma</u>					<u>?</u>
DUE TO (c) <u>Primary carcinoma of the liver</u>					<u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)					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 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>May 12, 1962</u> to <u>May 14, 1962</u> and last saw her <u>alive</u> on <u>May 14, 1962</u>					
Death occurred at <u>3:40 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Joseph G. Bennett, D.O.</u>			22b. ADDRESS <u>Buffalo, Missouri</u>		22c. DATE SIGNED <u>5/16/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 16, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Dallas County Mo.</u>		(State)			
24. FUNERAL DIRECTOR <u>Montgomery Funeral Home</u>			25. DATE RECD. BY LOCAL REG. <u>6/8/1962</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
ADDRESS <u>Buffalo, Mo.</u>					

USE BLACK INK OR TYPEWRITER RIBBON

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 Vernon H. Viets
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

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.