MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 449 -62-037914 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

FILED OCT 22 1962

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 46 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 145 South Pacific St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 145 South Pacific St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First / Middle / Last: GEORGE D. FULBRIGHT
4. DATE OF DEATH: Month / Day / Year: October 12, 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/2/1888
9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months 9, Days 10 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector, ret.
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (City and state or country): Cape Girardeau County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: George W. Fulbright
13b. MOTHER'S MAIDEN NAME: Kartherine Parr
14. NAME OF HUSBAND OR WIFE: Grace Fulbright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servic[illegible]
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT: Mrs. George D. Fulbright — Address: Cape Gir., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f[illegible]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma lung. — INTERVAL BETWEEN ONSET AND DEATH: 14 Mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. ☐ 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 6/11/49, to 10/12/62 and last saw her/him alive on 10/12/62
Death occurred at 3:40 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] C. P. McGinty, M.D.
22b. ADDRESS: 1912 Broadway-Cape Girardeau, Mo
22c. DATE SIGNED: 10/17/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 14, 1962
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri
24. FUNERAL DIRECTOR: Walther's Funeral Home — ADDRESS: Cape Gir., Mo.
25. DATE RECD. BY LOCAL REG.: 10-14-62
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 1962

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, Mo.

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.