

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000525

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 44 Primary Registration District No. 5149 Registrar's No. 2

**FILED JAN 29 1963**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Gomer Twp.</b>		Length of stay in 1b <b>9 Months</b>	c. CITY OR TOWN <b>Hamilton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 Mi. S.E. Hamilton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Gomer Twp.</b>
3. NAME OF DECEASED (Type or print) <b>Ira Vernon Fulks</b>		4. DATE OF DEATH <b>Jan. 11, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/11/01</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Elect. Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Western Elec.</b>	9. AGE (last birthday) <b>61</b>
13a. FATHER'S NAME <b>George Fulks</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Coombs</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Alice Fulks Hamilton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Hour</b>	
DUE TO (b) <b>Coronary Heart Disease</b>		<b>10 years</b>	
DUE TO (c) <b>Atherosclerosis</b>		<b>15 years</b>	
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.	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.) <b>Hamilton Caldwell Mo.</b>	20f. CITY, TOWN, OR LOCATION <b>Hamilton Caldwell Mo.</b>
21. I attended the deceased from <b>12-26-62</b> to <b>1-11-63</b> and last saw him alive on <b>1-7-63</b> Death occurred at <b>1:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>1-12-63</b>	
22a. SIGNATURE (Degree or title) <b>Frank A. Daley M.D.</b>		22b. ADDRESS <b>Hamilton Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1/12/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Arlington Cemetery</b>	23d. LOCATION (City, town, or county) <b>Rockford, Ill.</b>
24. FUNERAL DIRECTOR <b>Morris A. Bram</b>		25. DATE RECD. BY LOCAL REG. <b>1-26-1963</b>	26. REGISTRAR'S SIGNATURE <i>Michael Ross Jorgensen</i>

APR 23 1963

FEB 28 1963

NOV 18 1963

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 Billie C. Londer

Licensed Embalmer No. 4980

P. O. Address Hamilton, 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.