

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-029521**

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 179

<b>FILED AUG 6 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <u>Randolph</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>	a. STATE <u>Missouri</u> COUNTY <u>Chariton</u>
Length of stay in 1b <u>8 months</u>	c. CITY OR TOWN <u>Salisbury Twnshp</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Whittaker Hospital</u>	d. STREET ADDRESS (If outside, give location) <u>8 mi. so. of Salisbury</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First <u>Amelia</u> Middle <u>Fuller</u> Last <u>Fuller</u>	4. DATE OF DEATH
5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</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>8/29/1889</u>	9. AGE (last birthday) <u>74</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>home</u>
11. BIRTHPLACE (City and state or country) <u>Salisbury</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Zachariah Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Hooten</u>
14. NAME OF HUSBAND OR WIFE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>
16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs Neva Lee Schwartz</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u>	
DUE TO (b) <u>Prolonged Recumbency necessitated by Cerebral Apoplexy</u>	
DUE TO (c) <u>Arteriosclerosis</u>	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>11:30</u> Month, Day, Year <u>12/5/62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <u>Salisbury</u> COUNTY <u>Chariton</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>12/5/62</u> to <u>8/2/63</u> and last saw her <u>alive</u> on <u>8/2/63</u> . Death occurred at <u>11:30</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>E.T. Whittaker MD</u>	22b. ADDRESS <u>205 S. 5th, Moberly, Mo.</u>
22c. DATE SIGNED <u>8/3/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/4/1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Howard County Mo.</u>	
24. FUNERAL DIRECTOR <u>Chas. B Winkelmeier, Salisbury, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8/3/63</u>
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit renewed 8/3/63

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 Donald W Berry, Student Embalmer No. 674

working under my personal supervision.

Student Donald W Berry  
Signature of Student Embalmer

Signed Chas B Winkelemer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.