

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31587

State File No.

FILED OCT 14 1953

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Jamesport</u>		c. LENGTH OF STAY (In this place) <u>10 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Jamesport 0400</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home R.F.D. Jamesport, Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Route 3 Jamesport.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>		b. (Middle) <u>Samuel</u>	c. (Last) <u>Fulkerson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>Feb 8 1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	IF UNDER 1 RES. Hours Min.
13a. FATHER'S NAME <u>Theophilus P. Fulkerson</u>		13b. MOTHER'S MAIDEN NAME <u>Phylena Emaline Hudson</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Hoskins Fulkerson</u>		
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. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Fulkerson Jamesport, Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis Agitans</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>about 1 1/2 yrs!</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>350X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21H. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 3 1953</u> , to <u>Sept 26 1953</u> , that I last saw the deceased alive on <u>April 23 1953</u> , and that death occurred at <u>1:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>CH Cullers M.D.</u> (Degree or title)			23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>9-26-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 28 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edinburg Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-28-53</u>	REGISTRAR'S SIGNATURE <u>Jane Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis-Blackmore</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. C.H. Cullers.

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
Student Embalmer

Signed Harold L. Roberts.....

Licensed Embalmer No. 4920.....

P. O. Address Juntura, 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 this body is not embalmed, fact should be so stated above.