

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

0310

FILED FEB 8 1954 REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5362** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) Jamesport Rural		c. CITY (If outside corporate limits, write RURAL and give township) Jamesport Jamesport Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0310	
3. NAME OF DECEASED (Type or Print) a. (First) IRA		b. (Middle)	
c. (Last) FULKERSON		4. DATE OF DEATH (Month) (Day) (Year) Jan 23 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 4-1879
9. AGE (In years) (Months) (Days) (Hours) (Mins.) 74 9 19		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 0 Princeton Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME J. P. Fulkeron	
13b. MOTHER'S MAIDEN NAME Thelma Hudson		14. NAME OF HUSBAND OR WIFE Mildred Fulkeron	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Fulkeron		ADDRESS Jamesport Mo	
18. CAUSE OF DEATH Enter only the cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 6 min	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 22, 1954 , to Jan 23, 1954 , that I last saw the deceased alive on Jan 22, 1954 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. B. Pringle		23b. ADDRESS Jamesport Mo	
23c. DATE SIGNED 1-24-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 27-1954	
24c. NAME OF CEMETERY OR CREMATORY L.O.F.		24d. LOCATION (City, town, or county) (State) Edinburg Mo.	
DATE REC'D BY LOCAL REG. 14th. Feb. 1954		REGISTRAR'S SIGNATURE Virginia M. Engelhart	
25. FUNERAL DIRECTOR'S SIGNATURE J. S. Roberts		ADDRESS Jamesport Mo	

MAR 23 1954

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 *R. L. Roberson*

Licensed Embalmer No. *3244*

P. O. Address *Jamesport, Md.*

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.