

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-001299

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 3

AMENDED

**FILED** JAN 9 1962

1. PLACE OF DEATH  
 a. COUNTY Grundy  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Length of stay in 1b years             
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Annex Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Grundy  
 c. CITY OR TOWN Trenton Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) R # 6 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Burt Middle Fulkerson Last Fulkerson 4. DATE OF DEATH Month Jan. Day 3, Year 1962  
 5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10-8-85 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months            Days            Hours            Min.            IF UNDER 24 HR Min.             
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Grundy Co., Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.  
 13a. FATHER'S NAME Theophilus P. Fulkerson 13b. MOTHER'S MAIDEN NAME Phylena Hudson 14. NAME OF HUSBAND OR WIFE Elizabeth Scott  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 497-40-6149 17. INFORMANT Address Mrs. Elizabeth Fulkerson-Trenton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Carcinoma Pancreas INTERVAL BETWEEN ONSET AND DEATH 4 mo  
 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  N.  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            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 12-6-60 to 1-2-62 and last saw her him alive on 1-2-62  
 Death occurred at 1-3-62 3:15 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)            22b. ADDRESS Trenton Mo 22c. DATE SIGNED 1-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-5-1962 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery 23d. LOCATION (City, town, or county) (State) Edinburg, Mo.

24. FUNERAL DIRECTOR ADDRESS Gipson-Whitaker Trenton, Mo. 25. DATE RECD. BY LOCAL REG. 1-4-62 26. REGISTRAR'S SIGNATURE Gene Fair

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

NOV 12 1966

**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 Leo H. Whitaker

Licensed Embalmer No. 4780

P. O. Address Trouton, 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.