

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001298

STATE FILE NUMBER

AMENDED

Registration District No. 132 Primary Registration District No. 5021 Registrar's No. 2

FILED JAN 9 1962

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Grundy</b>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Trenton</b>		Length of stay in 1b <b>6 Mo.</b>	c. CITY OR TOWN <b>Edinburg</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1513 Chestnut</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Amanda Lydia Fulkerson</b>			4. DATE OF DEATH Month Day Year <b>Jan. 2, 1962</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-14-78</b>	9. AGE (last birthday) <b>83</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Post Mistress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>	11. BIRTHPLACE (City and state or country) <b>Grundy Co, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Joshua Fulkerson</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Fulkerson</b>			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) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. W. W. Watson Casey, Iowa</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <b>Arteriosclerosis General</b>
DUE TO (c) <b>Hemiplegia Left</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"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.		Month, Day, Year				
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.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>8-2-61</u> to <u>1-2-62</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>1-2-62</u> Death occurred at <u>1105' A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>W. W. Watson</i> MD (Degree or title)			22b. ADDRESS <b>Trenton Mo</b>		22c. DATE SIGNED <b>1-3-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-4-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>		23d. LOCATION (City, town, or county) <b>Edinburg, Mo.</b>	23e. (State)	
24. FUNERAL DIRECTOR <b>Gipson-Whitaker</b> ADDRESS <b>Trenton, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>1-4-62</b>	26. REGISTRAR'S SIGNATURE <i>John Fair</i> <b>me</b>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Trenton 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.