

FILED

CERTIFICATE OF DEATH

SEP 22 1972 172

Registration District No. 3034

Primary Registration District No. 94

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

1. DECEASED—NAME FIRST MIDDLE LAST <i>Wilbur Eret Fulkerson</i>			2. SEX <i>Male</i>	3. DATE OF DEATH (MONTH, DAY, YEAR) <i>September 3, 1972</i>	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <i>White</i>		5. AGE—LAST BIRTHDAY (MONTH, DAY, YEAR) <i>54</i>	6. UNDER 1 YEAR UNDER 1 DAY <i>10</i>	7. DATE OF BIRTH (MONTH, DAY, YEAR) <i>October 26, 1917</i>	
8. CITY, TOWN, OR LOCATION OF DEATH <i>Higginsville</i>			9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <i>Home - 1313 Lipper Ave.</i>		
10. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <i>Missouri</i>		11. CITIZEN OF WHAT COUNTRY <i>USA</i>		12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <i>Ada M. Heinen</i>	
13. SOCIAL SECURITY NUMBER <i>488-14-2405</i>		14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <i>Medical Practice</i>		15. KIND OF BUSINESS OR INDUSTRY <i>Medicine</i>	
16. RESIDENCE—STATE COUNTY <i>Missouri Lafayette</i>		17. CITY, TOWN, OR LOCATION <i>Higginsville</i>		18. STREET AND NUMBER (INSIDE CITY LIMITS) (SPECIFY YES OR NO) <i>Yes 1313 Lipper Ave.</i>	
19. FATHER—NAME FIRST MIDDLE LAST <i>Ira Thomas Fulkerson</i>			20. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <i>Mildred Creswell</i>		
21. INFORMANT—NAME <i>Mrs. Ada Fulkerson</i>			22. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <i>1313 Lipper Ave., Higginsville, Missouri</i>		
23. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
24. IMMEDIATE CAUSE (a) <i>Acute Circulatory Failure</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Coronary Thrombosis and Myocardial Infarction</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Arteriosclerosis</i>					25. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>Several Minutes</i> <i>Several Minutes</i> <i>Several Years</i>
26. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O) <i>Hodgkin's Disease</i>					
27. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		28. DATE OF INJURY (MONTH, DAY, YEAR)		29. HOUR	
30. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OF PART II, ITEM 18)					
31. INJURY AT WORK (SPECIFY YES OR NO)		32. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		33. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
34. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LPR					
35. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		36. MONTH DAY YEAR <i>11-30-71</i> TO <i>9-3-72</i>		37. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <i>8-12-72</i>	
38. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		39. HOUR OF DEATH		40. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR	
41. CERTIFIER—NAME (TYPE OR PRINT) <i>Edwin T. Riekhof</i>			42. SIGNATURE <i>Edwin T. Riekhof D.O.</i>		43. DEGREE OR TITLE <i>D.O.</i>
44. MAILING ADDRESS—CERTIFIER <i>12 W 19th St.</i>			45. CITY OR TOWN <i>Higginsville, Missouri</i>		46. STATE ZIP <i>Missouri 64037</i>
47. BURIAL, CREMATION, REMOVAL					
48. CEMETERY OR CREMATORY—NAME <i>City Higginsville Missouri</i>					
49. DATE (MONTH, DAY, YEAR) <i>Sept 5, 1972</i>		50. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <i>Hoefler Funeral Home, Inc., Higginsville, Missouri 64037</i>			
51. FUNERAL DIRECTOR—SIGNATURE <i>Forrest Hoefler</i>			52. REGISTRAR—SIGNATURE <i>Casey M. Rechtenbach</i>		53. DATE RECEIVED BY LOCAL REGISTRAR <i>9/15/72</i>

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.
90001

PARENTS

CAUSE

CERTIFIER

BURIAL

9. *29*
10a. *29*
10b. *107*
11. *19501*
12.
13. *103289*
14. *4*
15. *4109*
16. *9*
17.
18.
19. CREDITS
20.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

SEP 25 1972

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 Forrest Hoffman

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.