URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960 — Registration District 1960 170 — Primary Registration District No. 3033 — Registrar's No. 99

60-023657 STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY: Laelede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lebanon
Length of stay in 1b: 5 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wallace Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Laelede
c. CITY OR TOWN: Lebanon
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First OSCAR Middle FORREST Last FULKERSON

4. DATE OF DEATH: Month June Day 28, Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/4/84

9. AGE (last birthday): 75

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (City and state or country): Trenton, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: J. E. Fulkerson

13b. MOTHER'S MAIDEN NAME: Georgia Shannon

14. NAME OF HUSBAND OR WIFE: None.

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.: 500-40-5781

17. INFORMANT Address: Mr. L. M. Fulkerson, Lebanon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Adenocarcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): C Massive Hemorrhage — —
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 ☐ No ☐ 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 a.m. p.m. 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 5-24-60, to 6-28-60 and last saw him alive on 6-28-60
Death occurred at 10:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. R. Summers M.D. (Degree or title)

22b. ADDRESS: Lebanon Mo

22c. DATE SIGNED: 6-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-30-60

23c. NAME OF CEMETERY OR CREMATORY: Lebanon City Cemetery

23d. LOCATION (City, town, or county) (State): Lebanon, Mo.

24. FUNERAL DIRECTOR ADDRESS: S. R. Palmer Lebanon Mo

25. DATE RECD. BY LOCAL REG.: 7-2-1960

26. REGISTRAR'S SIGNATURE: Nellie L. May

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF . . DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed S. R. Palmer

Signature of Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.