

CERTIFICATE OF DEATH

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 15

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

9. 0
10a. 81
10b.
11. 1
12. 1
13. 404X
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

4. 0535
5. 01

DECEASED

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

6. 0530

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. JEWETT FULKERSON		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. January 15, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white	AGE—LAST BIRTHDAY (YEARS) 5a. 81	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
CITY, TOWN, OR LOCATION OF DEATH 7a. Lebanon	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. Wallace Hospital	DATE OF BIRTH (MONTH, DAY, YEAR) 6. May 28, 1887	COUNTY OF DEATH 7c. Laclede
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Kansas	CITIZEN OF WHAT COUNTRY 9. U. S. A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Dovie Monroe
SOCIAL SECURITY NUMBER 12. 491-42-9230	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farmer	KIND OF BUSINESS OR INDUSTRY 13b. Retired	
RESIDENCE—STATE 14a. Missouri	COUNTY 14b. Laclede	CITY, TOWN, OR LOCATION 14c. Lebanon	STREET AND NUMBER (SPECIFY YES OR NO) 14d. no 14e. Route 2
FATHER—NAME 15. James Evans Fulkerson	MOTHER—MAIDEN NAME 16. Georgia Shannon		
INFORMANT—NAME 17. Dovie Fulkerson		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Route 2 Lebanon, Missouri 65536	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Cardio-vascular renal disease DUE TO, OR AS A CONSEQUENCE OF:			6 years
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) (c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a. no
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) M. 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 12 18 68	TO 21b. 1 15 69	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. 1 14 69	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. no
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 22a.		HOUR OF DEATH M. 22b.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 3:00 A.M.
CERTIFIER—NAME (TYPE OR PRINT) 23a. H. W. CARRINGTON	SIGNATURE 23b. <i>H. W. Carrington M.D.</i>	DEGREE OR TITLE 23c. M.D.	DATE SIGNED (MONTH, DAY, YEAR) 23d. 1-17-69
MAILING ADDRESS—CERTIFIER 23a.		CITY OR TOWN Lebanon	STATE MO
ZIP 65536			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Lebanon City Cemetery	LOCATION Lebanon, Mo.	CITY OR TOWN STATE
DATE (MONTH, DAY, YEAR) 24d. January 17, 1969	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24d. Palmer-Pickering	Lebanon, Mo. 65536	
FUNERAL DIRECTOR—SIGNATURE 25a. <i>Paul Broadshaw</i>	REGISTRAR—SIGNATURE 26a. <i>Hella L. Way</i>	DATE RECEIVED BY LOCAL REGISTRAR 26b. 1-20-1969	

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

1969 FEB 3

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 Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address Lebanon, 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.

Permit issued. 1-17-1969. M.S.R.D.