**E**69-00**2**498 124

## CERTIFICATE OF DEATH

PART II. DIAN WAS CAUSED IV. CREETING. CONTINUES. Lebanon.  18. DISCREPANCE CONTINUES. C	DO NOT WRITE ON THIS STUB	V\$ 300		rimary Registration District No. 303	OF DEATH (MONTH, DAY, YEAR)
100. 9 100. 9 100. 100. 100. 100. 100. 100. 100. 100.			DECEASED—NAME JEWETT MIDDLE FU		
Cause   Company   Compan	10a. 8/	4.0535		HOURS MIN. DATE OF BIRTH (MONTH, DAY,	COUNTY OF DEATH
DECEASION  12.    Deceasion   1.   Deceasion   1.   Deceasion   1.   Deceasion   1.   Deceasion   Dece	10b.	5	CITY TOWN OR LOCATION OF DEATH INSIDE CITY LIMITS	I HOSPITAL OR OTHER INSTITUTION—NAME OF NOT IN EL	
12. / 13. ## O ##			h Lebanon 7, ves	Wallace Hospital	
TABLE - NAME   1.0		DECEASED	STATE OF BIRTH LIF NOT IN U.S A., NAME CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, SURVIVING SPOUSE	
13. 40 4 X  14.	12.	USUAL RESIDENCE	kansas ku. S. A.	n. married n. Dovie	
ADMISSION.  15. 4  16. 17. 18. 19. CREDITS  18. 0  19. CREDITS  20. / OF PART I. DEATH WAS CAUSED BY. [ENTER ONLY ONE CAUSE FOR IDEA FOR IDE		LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE	INCOMPLETE OFFICE ACTIONS IS DESIRED I	r Retir	
15. 4  16. 7330  PARINTS  16. 7 SAME SEVANS FULKERSON LAST MOTHER MAIDEN NAME 1839 MIDDLE LAST FATHER NAME 1831 MIDDLE LAST MOTHER MAIDEN NAME 1839 MIDDLE LAST GATERORY IN THE PART OF FATHER AND REST MIDDLE LAST GATERORY IN THE PART OF FATHER AND REST MIDDLE LAST GATERORY IN THE PART OF FATHER AND REST MIDDLE LAST GATERORY IN THE PART OF FATHER AND REST MIDDLE LAST GATERORY IN THE PART OF FATHER AND REST MIDDLE LAST GATERORY IN THE PART OF FATHER AND REST MIDDLE LAST GATERORY IN THE PART OF FATHER AND REST MIDDLE LAST GATERORY IN THE PART OF FATHER AND REST MIDDLE LAST GATERORY IN THE PART OF FATHER AND REST MIDDLE HOW THE PART OF THE	14.	RESIDENCE BEFORE ADMISSION.		CONTROL VEG OR HOLD	
16.  PARINTS  Sames Evans Fulkerson   Georgia Shannon   Caster of the part of	15. 4	6.0520	Missouri Laclede Leb	anon lad no lad	Route 2
17.  18.  19. CREDITS  19. CREDITS  20. / O  10. CONDITIONS, 17 ANY, WHICH DAYERS IS TO THE SIGNIFICANT CONDITIONS, CONDITIONS COMERBURNE TO DEATH BUT NOT SELAND TO CAUSE CIVEN IN PART I GO PART II, THE SIGNIFICANT CONDITIONS, CONDITI	16.		11101	_	_
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]  19. CREDITS  20. / O  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF:  CONDITIONS, IF ANY, WHICH GAVE RISE TO JUNE HOLD AS A CONSIGUENCE OF THE ANY HOLD AS A CONSIGUEN	17.		INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY	OR TOWN, STATE, ZIP)
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (g), (b), AND (c)]  III. UMAGENITE CAUSE  (c) CONDITIONS, IF ANY, (b) BOT TO, OR AS A CONSEQUENCE OF:  WHICH DAYE RISE TO STATE OF THE UNION CAUSE LIST OF THE	18. ^		Dovie Futkerson	Route 2 Lebanon,	
CAUSE    CAUSE   CONDITIONS, IF ANY OR AS A CONSEQUENCE OF:   CONDITIONS CONDING CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITI			SCALL WAS CHOSED IT.	[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CAUSE  CAUSE  (b)  DUE TO, OR AS A CONSEQUENCE OF:  CONDITIONS, IF ANY,  WHICH CAN'S LIST OF MANY  (c)  PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONNERSUTING TO DEATH SUT HOT RELATED TO CAUSE GIVEN IN PART I IGD  PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONNERSUTING TO DEATH SUT HOT RELATED TO CAUSE GIVEN IN PART I IGD  ACCIDENT, SUICIDE, HOMICIDE,  OR UNDETERMINED (SMCLIFF)  706.  PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONNERSUTING TO DEATH SUT HOT RELATED TO CAUSE GIVEN IN PART I IGD  ACCIDENT, SUICIDE, HOMICIDE,  OR UNDETERMINED (SMCLIFF)  706.  PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONNERSUTING TO DEATH SUT HOT RELATED TO CAUSE GIVEN IN PART I IGD  ACCIDENT, SUICIDE, HOMICIDE,  OR UNDETERMINED (SMCLIFF)  706.  PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONNERSUTING TO DEATH SUT HOT RELATED TO CAUSE GIVEN IN PART I IGD  ACCIDENT, SUICIDE, HOMICIDE,  OR UNDETERMINED (SMCLIFF)  706.  PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONNERSUTING TO DEATH SUT HOT RELATED TO CAUSE GIVEN IN PART I IGD  ACCIDENT, SUICIDE, HOMICIDE,  OR UNDETERMINED (SMCLIFF)  706.  PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONNERSUTING TO DEATH SUIT HOT RELATED TO CAUSE GIVEN IN PART I IGD  ACCIDENT, SUICIDE, HOMICIDE,  OR UNDETERMINED (SMCLIFF)  706.  PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONNERS ON INTO ANY I			18. IMMEDIATE CAUSE	and a second dis	
CAUSE  CAUSE  CAUSE  (c)  DATE OF, OR AS A CONSEQUENCE OF:  STATING CAUSE LAST  (c)  PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (d)  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)  206.  INJURY AT WORK  (SPECIFY)  206.  CERTIFICATION— MORITH  DAY  VEAR  MONTH  DAY  DAY  DAY  DAY  DAY  DAY  DAY  DA	$^{20.}/-0$		DUE TO, OR AS A CONSEQUENCE OF:	seular/conserver	del 6 years
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS (175 O PO) (175			IMMEDIATE CAUSE (d), STATING THE UNDER- DUE TO, OR AS A CONSEQUENCE OF:		
ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY I MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.)  OR UNDETERMINED (SPECIFY)  200.  INJURY AT WORK (SPECIFY)  201.  OFFICE BIDD., ETC. (SPECIFY)  202.  CERTIFICATION— MONTH DAY YEAR HOUR DEADN OCCURRED ON THE DECENSION OF THE EAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S) STATED DECENDED ON THE DATE AND DUE TO THE CAUSE(S)		CAUSE			ALITORSY LIE VES WAS BUILDING SOU
OR UNDETERMINED (SPECIFY)  206.  107.  108.  109	,) * *				190 SIDERED IN DETERMINING CAUSE OF DEATH
INJURY AT WORK (SPECIFY TES OR NO.)  PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)  20e.  20e.  CERTIFICATION— MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR BODY AFTER DEATH.  I ATTENDED TROM PHYSICIAN: PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)  20g.  CERTIFICATION— MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR BODY AFTER DEATH. I ATTENDED THE DOT NAME OF THE BODY AND ORD THE HOUR OF DEATH HOUR OF DEATH OCCEPTIFICATION—MEDICAL EXAMINER OR CORNER. ON THE BASIS OF THE HOUR OF DEATH OCCEPTIFICATION—MEDICAL EXAMINER OR CORNER. ON THE BASIS OF THE HOUR OF DEATH OCCEPTIFICATION—MEDICAL EXAMINER OR CORNER. ON THE BASIS OF THE HOUR OF DEATH OCCEPTIFICATION—MEDICAL EXAMINER OR CORNER. ON THE BASIS OF THE HOUR OF DEATH OCCEPTIFICATION—MEDICAL EXAMINER OR CORNER. ON THE BASIS OF THE HOUR OF DEATH OCCEPTIFICATION—MEDICAL EXAMINER OR CORNER. ON THE BASIS OF THE HOUR OF DEATH OCCEPTIFICATION—MEDICAL EXAMINER OR CORNER. ON THE BASIS OF THE HOUR OF DEATH OCCEPTIFICATION—MEDICAL EXAMINER OR CORNER. ON THE BASIS OF THE HOUR OF DEATH OCCEPTIFICATION—MEDICAL EXAMINER OR CORNER. ON THE BASIS OF THE HOUR OF DEATH OCCEPTIFICATION—MEDICAL EXAMINER OR CORNER. ON THE BASIS OF THE HOUR OF DEATH OCCEPTIFICATION—MEDICAL EXAMINER OR CORNER. ON THE BASIS OF THE HOUR OF DEATH OF DEATH OCCUPRED AT THE PLACE, ON THE DEATH OCCUPRED AT THE PLACE, ON T			OR UNDETERMINED (SPECIFY)	NOW WASHING SECURIES	NATURE OF INJURY IN PART I OR PART II, ITEM 183
BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE  246 Burial Lebanon City Cemetery Lebanon. Mo.			INJURY AT WORK PLACE OF INJURY AT HOME, FARM, STREET, FACTORY,		OWN, STATE)
BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE  246 Burial Lebanon City Cemetery Lebanon. Mo.	· <b>z</b> :			20g.	
BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE  246 Burial Lebanon City Cemetery Lebanon. Mo.	nt in SLACK instru		CERTIFICATION— MONTH DAY YEAR MONTH DAY PHYSICIAN:	YEAR AND LAST SAW HIM/HER ALIVE ON I DID/DID NO MONTH DAY YEAR BODY AFTER D	TO VIEW THE DEATH OCCURRED AT THE PLACE, ON THE LHOUR! DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE OF MY KNOWLEDGE
BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE  246 Burial Lebanon City Cemetery Lebanon. Mo.	Pri for		CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION,	HOUR OF DEATH THE DECEDENT WAS PRONOUNCED MONTH DAY	DEAD YEAR HOUR
BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE  246 Burial Lebanon City Cemetery Lebanon. Mo.	e EN	CERTIFIER  DEADH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED  276.  M. 276.			
BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE  246 Burial Lebanon City Cemetery Lebanon. Mo.	Гур ААЛ Indb		CERTIFIER—NAME ITYPE OR PRINT)	SIGNATURE DEGREE	DATE SIGNED (MONTH, DAY, YEAR)
BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE  246 Burial Lebanon City Cemetery Lebanon. Mo.				EF.O. MOS CITY OF TOWN	STATE 219 219 36
	Sec		BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY—		
DATE			la Burial at Lebanon	City Cemetery Leband	
BURIAL  DATE (MONTH, DAY, YEAR)  17, 1969. Palmer-Pickering Lebanon, Mo. 65536		BURIAL	DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND	DADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE	Mo. 65536
FUNERAL DIRECTOR—SIGNATURE  250 Seel Fanadhaw  REGISTRAN—SIGNATURE  REGISTRAN—SIGNATURE  REGISTRAN—SIGNATURE  REGISTRAN—SIGNATURE  REGISTRAN—SIGNATURE  260 J—20—1969			FUNERAL DIRECTOR—SIGNATURE 25 CONTROL OF THE PROPERTY OF THE P		

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body w	those 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	Signed May W. Seekering
Signature of Student Embal	mer /
	Licensed Embalmer No. 1696
	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.