

1938 OCT 26

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33083
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 713
 (b) Township WANKHAN Cullen Primary Registration District No. 5742 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Everett Burton Fuller. 460

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Ada Lee Fuller
 WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>9</u>	<u>10</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. _____
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 13th 1938</u>
	11. Total time (years) spent in this occupation <u>L.I.F.E.</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME Joseph Fuller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Sarah Roach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Ada Lee Fuller
 (ADDRESS) Waynesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Gospel Ridge Cem. STATE Mo. DATE Sept. 15th

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. L. HOOPS & SONS
9114 Procker, Mo.

20. FILED 9114 Local Registrar. E. G. Patten

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 P.M.
 The principal cause of death and related causes of importance were as follows:

was dead when I saw him
Acute dilatation of Heart
 Other contributory causes of importance: ASB

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) E. G. Patten, M. D.
 (Address) Waynesville

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,

Paul B. Hoops

, or by

Registered Apprentice No. _____, working under my personal supervision.

J. L. HOOPS & SONS.

Signed Per

Licensed Embalmer No. 3261

P. O. Address: Crocker, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.