

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7951

State File No. ....

FILED MAR 24 1949

BIRTH NO. <i>None</i>		REG. DIST. NO. <i>107</i>		PRIMARY REG. DIST. NO. <i>5422</i>		Registrar's No. <i>39</i>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>Duquoin</i>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kennett</i>		a. STATE <i>MO</i>		b. COUNTY <i>Duquoin</i>	
c. LENGTH OF STAY (In this place) <i>15 yrs.</i>		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Rural # 3, 3rd. June</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kennett</i>		d. STREET ADDRESS (If rural, give location) <i>Rural # 3 Box 201</i>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <i>Gertrude O'Phelia</i>			b. (Middle) <i>Fuller</i>			c. (Last) <i>Fuller</i>	
6. COLOR OR RACE <i>White</i>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			8. DATE OF BIRTH <i>Jan 16-1886</i>	
9. AGE (In years, last birthday) <i>63</i>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Howard Co. Ark</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13a. FATHER'S NAME <i>George Fuller</i>			13b. MOTHER'S MAIDEN NAME <i>Kattie Love</i>	
14. NAME OF HUSBAND OR WIFE <i>John Fuller</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>John Fuller</i>			18. CAUSE OF DEATH			19. ADDRESS <i>Kennett Mo.</i>	
18. CAUSE OF DEATH			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Nephritis Chronic Interstital</i>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES				
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
			DUE TO (b) _____				
			DUE TO (c) _____			<i>592X</i>	
			II. OTHER SIGNIFICANT CONDITIONS				
			Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3-12</i> , 19 <i>44</i> , to <i>3-13-49</i> , 19___, that I last saw the deceased alive on <i>3-12-44</i> , 19___, and that death occurred at <i>Lisak m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>J. I. Thompson</i>			23b. ADDRESS (Degree or title) <i>mo</i> <i>Kennett Mo.</i>			23c. DATE SIGNED <i>3-14-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-15-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Ridge</i>		24d. LOCATION (City, town, or county) (State) <i>Kennett Mo.</i>	
DATE REC'D BY LOCAL REG. <i>3-14-49</i>		REGISTRAR'S SIGNATURE <i>Carl Thurman</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>90</i> <i>Funeral Service</i>		ADDRESS <i>Kennett Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

35

RECEIVED

District Health Office No. 2,

District File Number 249-405

Date Filed 3-22-49

---

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.

Signed \_\_\_\_\_

*Edgar Lee Ford*

Licensed Embalmer No. 4433

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Kennett 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 this body is not embalmed, fact should be so stated above.