

FILED JUN 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14817

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 2109 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ballinger</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked Creek</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked Creek</u>		d. STREET ADDRESS (If rural, give location) <u>Bessville Mo. P.O. 0</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Truman</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Fulbright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5/1919</u>	9. AGE (In years last birthday) <u>30</u>	10. IF UNDER 1 YEAR Days <u>11</u> IF UNDER 1 Hrs. Min. <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Bohlinger Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Amos Fulbright</u>		13b. MOTHER'S MAIDEN NAME <u>Marty Caset</u>	14. NAME OF HUSBAND OR WIFE <u>Opal Fulbright</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes World War II</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Fulbright</u> ADDRESS <u>Bessville Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hit by flying timber</u> DUE TO (c) <u>Tornado</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rural Road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Bessville, Mo. Pol. Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 21 1949 2:00 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tornado</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Myers</u> (Degree or title) <u>Covered</u>	23b. ADDRESS <u>Futeville Mo</u>	23c. DATE SIGNED <u>5/23/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 23/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hurricane Park</u>	24d. LOCATION (City, town, or county) (State) <u>Ballinger Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 28 1949</u>	REGISTRAR'S SIGNATURE <u>Nellie Vandenberg</u>	GENERAL DIRECTOR'S SIGNATURE <u>John E. Frank</u> ADDRESS <u>Futeville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9000

RECEIVED

District Health Officer No. 4

District File Number 649-240

Date Filed 6-1-49

JUN 2 1949

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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
Student Embalmer

Signed W E Graham

Licensed Embalmer No. 4010

P. O. Address Intervale 7th

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.

Handwritten notes and signatures at the bottom of the page.