

No. 300  
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FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29122

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6270 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Webster</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-</b>	c. LENGTH OF STAY (in this place) <b>2 1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield 39 1/2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union township</b>		d. STREET ADDRESS (If rural, give location) <b>2319 N. Fremont</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>- Jackson -</b> c. (Last) <b>Fullington</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July - 18 - 1949</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April - 30 - 1874</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>x</b>	IF UNDER 1 YEAR Days <b>x</b>	IF UNDER 1 YEAR Hours <b>x</b>	IF UNDER 1 YEAR Mins. <b>x</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture factory</b>	11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Chas. Jefferson Fullington</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Carey</b>	14. NAME OF HUSBAND OR WIFE <b>Ella Fullington</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>x</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ella Fullington</b>	ADDRESS <b>Springfield, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEMORRHAGE, CEREBRAL, ACUTE, FATAL</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 MIN.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>HYPERTENSION, ESSENTIAL.</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>33IX</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>NONE.</b>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) (Min.)	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 **DEAD ON ARRIVAL**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Marshall, Mo.</b>	23c. DATE SIGNED <b>21 JULY '49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-20-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Copenina</b>	24d. LOCATION (City, town, or county) (State) <b>Webster County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/25/49</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Marshallfield, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 15 1949

District Health Officer - 6

District File Number 849-935

Date Filed 7-18-49

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cat 1

-10211

WILLIAM JACKSON

WILLIAM JACKSON - JACKSON - JACKSON

April 1948

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 Rex Rainey

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

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.