

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7286

BIRTH NO. 333 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (In this place) 8 Days		c. CITY (If outside corporate limits, write RURAL and give township) Dexter 1031	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		d. STREET ADDRESS _____		(If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) Beulah		b. (Middle) Elma		c. (Last) Fulkerson	
4. DATE OF DEATH (Month) (Day) (Year) 2-4-1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8-31-1896		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Collar Stitcher		10b. KIND OF BUSINESS OR INDUSTRY Shirt Factory		11. BIRTHPLACE (State or foreign country) Harrisburg, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Archilis Robertson		13b. MOTHER'S MAIDEN NAME Florence Wasson	
14. NAME OF HUSBAND OR WIFE Mrs. Vernon Taylor		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Vernon Taylor		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		19. ADDRESS Dexter, Missouri	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		20. INTERVAL BETWEEN ONSET AND DEATH 2 weeks		21. MEDICAL CERTIFICATION 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 checked="" 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 1-31, 1950, to 2-4, 1950, that I last saw the deceased alive on 2-4, 1950, and that death occurred at 1:20 p.m., from the causes and on the date stated above.					
23a. SIGNATURE L. M. Piro, M.D.		23b. ADDRESS Sholhouse, Mo.		23c. DATE SIGNED 2-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-5-50		24c. NAME OF CEMETERY OR CREMATORY Dexter	
24d. LOCATION (City, town, or county) (State) Dexter, Missouri		DATE REC'D BY LOCAL REG. Feb 27-50		REGISTRAR'S SIGNATURE Mrs. Stella Hunter	
25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey		ADDRESS Dexter, Mo.			

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

APR 22 1950

RECEIVED MAR 6 1950

District Health Office No.

District File Number 350/16

Date Filed

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 _____

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.