

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12776

4610

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

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Waukegan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #3 - 2 1/2 Mi. W. of Cuba</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Fuller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 12 1888</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robbins</u>	
13b. MOTHER'S MAIDEN NAME <u>Sylvester Fuller</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvester Fuller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Stuller</u>		ADDRESS <u>St. Louis, Mo.</u>	
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, arthritis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis general</u> ANECEDENT CAUSES <u>Carcinoma Sigmoid</u> DUE TO (b) <u>1 type</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153x</u>	
19a. DATE OF OPERATION <u>3-17-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Complete Obstruction Sigmoid Perforated Cancer Sigmoid - Gen. Peritonitis</u>	
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 <u>3-15 1950</u> , to <u>4-1 1950</u> , that I last saw the deceased alive on <u>4-1 1950</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Stuller M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Mo.</u>	
23c. DATE SIGNED <u>4-1-1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul J. Shanklin</u>	
DATE REC'D BY LOCAL REG. <u>4-3-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379 ADDRESS <u>Cuba, Mo.</u>	

1951 JUN 27 11:00 AM

RECEIVED 4-10-50
District Health Officer No. 6
District File Number 4-50-232
Date Filed 4-13-50

MAY 2 1950

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 *Paul J. Hankin*

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.