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

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14181

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 315 So Clark

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly 0883
d. STREET ADDRESS (If rural, give location): 315 So Clark

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Franklin
c. (Last): Fulkerson

4. DATE OF DEATH (Month) (Day) (Year): Apl 12th 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 9th 1868
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 6, Days 3, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: Peter G. Fulkerson
13b. MOTHER'S MAIDEN NAME: Elizabeth Carnes
14. NAME OF HUSBAND OR WIFE: Mary Louise
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mary Louise Fulkerson — ADDRESS: Moberly

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning. — INTERVAL BETWEEN ONSET AND DEATH: Sept. 49.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Nephritis — Sept. 49

DUE TO (c) — 59 yr

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Prostate Obstruction — Sept. 49

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Prostate operation, Mayo Clinic, 1946
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 16, 19 49, *to* April 12, 19 50, *that I last saw the deceased alive on* April 11, 19 50, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Huber MD
23b. ADDRESS: 400-½ W. Reed St. Moberly, Mo
23c. DATE SIGNED: 4-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apl 15th 1950
24c. NAME OF CEMETERY OR CREMATORY: Edgewood
24d. LOCATION (City, town, or county) (State): Chillicothe Mo

DATE REC'D BY LOCAL REG.: Apr 15-50
REGISTRAR'S SIGNATURE: Leah Williams Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Mahan and Son — ADDRESS: Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 1951

RECEIVED APR 27 1950
District Health Officer No.
District File Number 4-50
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.

Signed Frank D. DeWitt

Signed .....
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.