

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 34172

0732  
 0

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 100		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY NEWTON		b. CITY (If outside corporate limits, write RURAL and give township) NEOSHO		a. STATE MISSOURI		b. COUNTY NEWTON		
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) NEOSHO		d. STREET ADDRESS (If rural, give location) 600 OAKRIDGE DR.		0732		
d. FULL NAME OF HOSPITAL OR INSTITUTION SALE MEMORIAL Hosp.				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) NANCY			b. (Middle) JANE			c. (Last) FULLERTON		
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAY 13, 1860		9. AGE (In years last birthday) 90		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KNOXVILLE TENNESSEE		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME PERSON ADDERSON			13b. MOTHER'S MAIDEN NAME CATHERIN UNDERWOOD			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) NO			16. SOCIAL SECURITY NO. NONE			17. INFORMANT'S SIGNATURE OR NAME MRS. INA PRICE		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block				INTERVAL BETWEEN ONSET AND DEATH	
			ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis					
			DUE TO (c)					
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4500	
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) (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 9-1-1949 to 9-27-1950 that I last saw the deceased alive on 9-27-1950 and that death occurred at 745 1/2 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Paul C. Davis M.D.				23b. ADDRESS Neosho Mo.		23c. DATE SIGNED 10/6/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-29-50		24c. NAME OF CEMETERY OR CREMATORY L.O.O.F.		24d. LOCATION (City, town, or county) (State) Neosho Mo.		
DATE REC'D BY LOCAL REG. Oct. 7, 1950		REGISTRAR'S SIGNATURE Melvin B. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE 228 Carley Thompson		ADDRESS Neosho, Mo.		

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

10  
**RECEIVED**

District Health Officer No. Newton County Health Dept.  
District File Number 1060-223  
Date Filed 10/10/50

---

**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 \_\_\_\_\_

Carley Thompson Jr. Student Embalmer No. 384  
working under my personal supervision.

Student Carley Thompson Jr.  
Student Embalmer

Signed Carley Thompson Jr.

Licensed Embalmer No. 3259

P. O. Address Neosho 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.