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

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37029

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4934

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 2057
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 5 0
d. STREET ADDRESS (If rural, give location): 6705 Winner Road

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): T
c. (Last): Fuller

4. DATE OF DEATH (Month) (Day) (Year): Nov 22 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: March 5, 1889

9. AGE (In years last birthday): 61
If under 1 year: Months ____ Days ____
If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel worker

10b. KIND OF BUSINESS OR INDUSTRY: ____

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Fuller

13b. MOTHER'S MAIDEN NAME: Elizabeth Treshard

14. NAME OF HUSBAND OR WIFE: Widowed / Anna

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.: Unknown

17. INFORMANT'S SIGNATURE OR NAME: Deitch Funeral Home
ADDRESS: Norborne, Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Failure - Rt. Ventricular (N.M.O.) — 1 Mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Nephritis - Albuminuria with casts — Unknown

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION: No operation. 465N

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No

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* 11-19-, 1950, *to* 11-22, 1950, *that I last saw the deceased alive on* 11-22, 1950, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE W. A. Myers (Degree or title) 0
W. A. Myers, MD

23b. ADDRESS: 1115 Grand Ave

23c. DATE SIGNED: 11/22/50.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov. 23, 1950

24c. NAME OF CEMETERY OR CREMATORY: Fairhaven Cemetery

24d. LOCATION (City, town, or county) (State): Norborne, Missouri

DATE REC'D BY LOCAL REG.: 11-23-50

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE: Earp & Sons
ADDRESS: 4139 Truman Rd. K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 28 1955

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed James W. Earp

Licensed Embalmer No. 4622

P. O. Address K.C., 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.