

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13674

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Remick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Remick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Swiff</u> c. LENGTH OF STAY (in this place) <u>4 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Swiff</u> d. STREET ADDRESS (If rural, give location) <u>Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertis Fuller</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12/22/50</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>12/22/1979</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Handy Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Handy Man</u>	11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>

13a. FATHER'S NAME <u>Harley Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Malvina Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Fuller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Matty Bonston - Paragonia 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral capillary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left hemiplegia</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>			

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 12-18, 1950, to 12-22, 1950 that I last saw the deceased alive on 12-21, 1950 and that death occurred at 4 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>M.D. V Hoyle, Mo.</u>	23c. DATE SIGNED <u>1-8-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY _____
		24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. <u>1-19-51</u>	REGISTRAR'S SIGNATURE <u>John W. German</u> <u>406</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. M. Hill Libbourn Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0780
 1
 3-5-51

1-51-21

JAN 20 REC'D

S. B. Beecher, M. D.,
Pemiscot County Health Department
Caruthersville, Missouri

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

S. B. Beecher

Licensed Embalmer No. 2627

P. O. Address Helbourn, 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.