

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40707**

FILED DEC 17 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1266

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Colorado b. COUNTY Denver Co.	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) Denver	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 7495 Raliegth Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3004 Olive St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Chancy	b. (Middle) Royal	c. (Last) Fulton	4. DATE OF DEATH (Month) (Day) (Year) December 10, 1951.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Steel Mills.	11. BIRTHPLACE (State or foreign country) Kansas, /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ida A. Fulton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 505-18-7943	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida A. Fulton	ADDRESS Denver, Colo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 day.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arterio-sclerosis, yrs.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201.	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that ~~attended~~ ^{viewed} the deceased ~~born~~ ^{born} **Pr 1910, 1951** to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:00A** m., from the causes and on the date stated above.

23a. SIGNATURE H F Munchy³ M.D. (Coroner)	(Degree or title)	23b. ADDRESS St Joseph	23c. DATE SIGNED 12/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 12, 1951.	24c. NAME OF CEMETERY OR CREMATORY Maray Cemetery	24d. LOCATION (City, town, or county) (State) Ma ray, Kansas.
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DATE REC'D BY LOCAL REG. Dec 14, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	416	25. FUNERAL DIRECTOR'S SIGNATURE Nathan Michoff	ADDRESS St. Joseph, Mo
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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

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working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Robert E. Harrington*
Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.