

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1907**

FILED FEB 15 1952

BIRTH NO. **15 1952** REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5662** Registrar's No. **10**

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

1. PLACE OF DEATH a. COUNTY Lewis Co., Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewistown, Mo.		c. LENGTH OF STAY (In this place) 7 WKS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Prairie View Rest Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plevna, Mo. Rural 0570	
d. STREET ADDRESS (If rural, give location) 2 miles E. of Plevna, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) IVA b. (Middle) LENA c. (Last) FULTON			4. DATE OF DEATH (Month) (Day) (Year) 1-31-1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 6-13-1882
9. AGE (In years last birthday) 69		10. MONTHS 7	11. DAYS 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Knox Co. Mo. U
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Adam Fulton		13b. MOTHER'S MAIDEN NAME Elizabeth McDaniel	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME John B. Fulton, Fulton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) (Minute)	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 Jan 30, 1952 , to Jan 31, 1952 , that I last saw the deceased alive on Jan 30, 1952 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. C. E. Todd (Degree or title)		23b. ADDRESS Williamstown Mo	23c. DATE SIGNED 2/4/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-2-1952	24c. NAME OF CEMETERY OR CREMATORY Plesant Prairie Cmty.	24d. LOCATION (City, town, or county) (State) Shelby Co., Mo.
DATE REC'D BY LOCAL REG. 2-11-52	REGISTRAR'S SIGNATURE P.W. Jennings M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkelaw-Hawkins, Shelbina, Mo.	

OCT 22 1957

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.....

W. Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address *Shelton 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.