

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17550

State File No.

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Putnam</u> <u>0860</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u> <u>0860</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville, Mo.</u>	
		d. STREET ADDRESS (If rural, give location) <u>home</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Edward</u> c. (Last) <u>Fuller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Oct. 4, 1978</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francisville Mo. 0</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Henry Fuller</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Fuller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>493-48-0086</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maggie Fuller Unionville, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemiplegia</u>		ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>cardio vascular disease</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>C</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>C</u>		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) m.		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 Nov 1951, to 94 Nov 1952, that I last saw the deceased alive on 94 Nov 1952, and that death occurred at 4:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. W. Gillman</u>		23b. ADDRESS <u>Unionville, Mo.</u>		23c. DATE SIGNED <u>6-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL <u>B</u>		24b. DATE <u>June 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unionville, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Unionville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvell D. ...</u>		ADDRESS <u>Unionville,</u>	
DATE REC'D BY LOCAL REG. <u>6-7-52</u>		REGISTRAR'S SIGNATURE <u>Marvell D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Gillman</u>	

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

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 Murd E. Husted

Licensed Embalmer No. 3304

P. O. Address Unsworth, 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.