

5. No. 300  
v. 10.48

JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19369

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Bollinger,</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lutesville,</b>		c. LENGTH OF STAY (In this place) <b>6 months</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lutesville,</b>		0
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonds Nursing Home,</b>			d. STREET ADDRESS (If rural, give location) <b>Lutesville, Mo.</b>		

3. NAME OF DECEASED (Type or Print) <b>Matilda Jane Fulbright,</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 24 52</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>11-4-1884</b>	9. AGE (In years last birthday) <b>67</b>	10. UNDER 1 YEAR Days <b>7</b>	11. UNDER 1 YEAR Hours <b>20</b>	12. UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming &amp; House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Marble Hill, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Fulbright,</b>		13b. MOTHER'S MAIDEN NAME <b>Sovia Francis,</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank Fulbright, Marble Hill, Mo.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>						
*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.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 I attended the deceased from Feb 2, 1952, to June 24, 1952, that I last saw the deceased alive on June 21, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Evelyn L. Price, D.O.</b>		23b. ADDRESS <b>Lutesville, Mo.</b>		23c. DATE SIGNED <b>July 1, 1952</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-26-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BESS CEMETERY,</b>	24d. LOCATION (City, town, or county) (State) <b>BOLLINGER MO.</b>		
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DATE REC'D BY LOCAL REG. <b>July 1-1952</b>	REGISTRAR'S SIGNATURE <b>William Paul Ambrose</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Coy Shetty, Lutesville, Mo.</b>		
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(Licensed Embalmer's Statement on Reverse Side)

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

1090  
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Howard B. Hansen

Licensed Embalmer No. 4127

P. O. Address Cape Horn, Alaska

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.