No. 300
10.48

FILED JUL 11 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20895

BIRTH NO. 22 (Reg. #135) 124 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 127

493

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

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carthage Mo
c. LENGTH OF STAY (in this place) 3 Ka
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCune Brooks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sarcoxie 0470
d. STREET ADDRESS (If rural, give location) So 2nd St 1

3. NAME OF DECEASED (Type or Print) a. (First) Beckie b. (Middle) Lou c. (Last) Fullerton

4. DATE OF DEATH (Month) (Day) (Year) 7-1-52

5. SEX Fe
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 4-26-52
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 2 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and State or Foreign Country) Carthage Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dale Fullerton
13b. MOTHER'S MAIDEN NAME Lourina Pierce
14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Dale Fullerton ADDRESS Sarcoxie 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial — INTERVAL BETWEEN ONSET AND DEATH 3 days

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. Heat Exhaustion

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION 491X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
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) non m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 28, 1952, *to* June 30, 1952, *that I last saw the deceased alive on* June 30, 1951, *and that death occurred at* 1:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE George H. Wood (Degree or title) M.D.
23b. ADDRESS Carthage Mo
23c. DATE SIGNED 7/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-2-52
24c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cem
24d. LOCATION (City, town, or county) (State) Sarcoxie Mo

DATE REC'D BY LOCAL REG. 7-2-52
REGISTRAR'S SIGNATURE L B Clinton 134 MD
25. FUNERAL DIRECTOR'S SIGNATURE Jackson & Sons ADDRESS Sarcoxie Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-9-52
Jasper County Health Office
County File Number 52/7/523
Date Filed 7-10-52

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 JM

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Carthage 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.