

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 985

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 497		Registrar's No. 73	
1. PLACE OF DEATH a. COUNTY <b>Gentry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Stanberry</b>		c. LENGTH OF STAY (in this place) <b>60</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Stanberry</b>		d. STREET ADDRESS (If rural, give location) <b>West 4th. St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>114 West 4th. St</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Miss Lou May</b>		b. (Middle) <b>Fullerton</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 21 1953</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never single</b>		8. DATE OF BIRTH <b>Jan 20 1869</b>		9. AGE (In years last birthday) <b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Music</b>		11. BIRTHPLACE (State or foreign country) <b>Skidmore, Mo.</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>U. SA</b>	
13a. FATHER'S NAME <b>Hiram Fullerton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary R. James</b>		14. NAME OF HUSBAND OR WIFE <b>single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eva Warriner Stanberry</b>		ADDRESS <b>Mo</b>	
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) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>senility</b> DUE TO (c) <b>arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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 <b>June 1951</b> to <b>Jan 21, 1953</b> , that I last saw the deceased alive on <b>Jan 21, 1953</b> , and that death occurred at <b>11.10a.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Paul C. Misselman</b> (Degree or title) _____				23b. ADDRESS <b>Stanberry Mo</b>		23c. DATE SIGNED <b>1/23/53</b>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>burial</b>		24b. DATE <b>1/24/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>High Ridge Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Stanberry, Gentry Mo</b>	
DATE REC'D BY LOCAL REG. <b>Jan 26 1953</b>		REGISTRAR'S SIGNATURE <b>Maudie Williams</b> <b>462</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leroy R. Phillips</b> <b>Stanberry</b>			

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

0380  
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AUG 3 1953

AUG 20 1953

*W. J. Phillips*  
Dr. J. J. Phillips

**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 \_\_\_\_\_

*Leroy F. Phillips*

Licensed Embalmer No. 1898

P. O. Address. Stouffville, N.C.

**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.