

# STANDARD CERTIFICATE OF DEATH

State File No. **18591**

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 48

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Lewis</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>La Belle</b> c. LENGTH OF STAY (in this place) <b>Life</b> d. FULL NAME OF HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>La Belle</b> d. STREET ADDRESS (If rural, give location) <b>0</b>				
<b>3. NAME OF DECEASED</b> a. (First) <b>Lena</b> b. (Middle) <b>L.</b> c. (Last) <b>Fuller</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 24, 1953</b>			
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>October 17, 1874</b>	<b>9. AGE</b> (In years last birthday) <b>78</b> If under 1 year: Months <b>7</b> Days <b>7</b> If under 1 min. Hours _____ Mins. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Lewis County</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Sylvester Rudd</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Eubanks</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Smith Fuller</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) -----		<b>16. SOCIAL SECURITY NO.</b> -----		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Harry Sykes</b> <b>La Belle, Mo</b>		
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Valvular insufficiency of heart</b>  <b>ANTECEDENT CAUSES</b> Morbid 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>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			_____	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from February 10, 1953, to May 23, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 11 a. m., from the causes and on the date stated above.</b>						
<b>23a. SIGNATURE</b> (Degree or title) <b>A. J. Carl</b>			<b>23b. ADDRESS</b> <b>La Belle, Mo</b>		<b>23c. DATE SIGNED</b> <b>5-28-53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>5/26/1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>La Belle Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>La Belle, Missouri</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>6-2-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>P. W. Jennings</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>La Belle, Mo</b>		

AUG 17 1953

AUG 25 1953

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 M. J. [Signature]

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed [Signature]  
Licensed Embalmer No. 4328

P. O. Address La Bate, 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.