

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18994

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 154

| | | | |
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| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain | |
| b. CITY OR TOWN Moberly | | c. CITY OR TOWN Rural--near Sturgeon 0040 | |
| c. LENGTH OF STAY (in this place) 4 days | | d. STREET ADDRESS (If rural, give location) near Sturgeon | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital | | | |

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|-------------------------------------|-------------------------|--------------------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Irvin | b. (Middle) James | c. (Last) Fullington | 4. DATE OF DEATH (Month) (Day) (Year) June 6 1953 |
|-------------------------------------|-------------------------|--------------------------|-----------------------------|---|

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|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH May 19, 1884 | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | 10b. KIND OF BUSINESS OR INDUSTRY farming | 11. BIRTHPLACE (State or foreign country) Randolph County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME William F. Fullington | 13b. MOTHER'S MAIDEN NAME Elizabeth Young | 14. NAME OF HUSBAND OR WIFE Sallie E. Fullington |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Sallie Fullington; #3, Clark, Mo | ADDRESS |
|---|-----------------------------------|--|---------|

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 3 days 7 yrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, left. | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) arteriosclerosis | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) (Min.) | 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 1948, to June 6, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Willb. Lewis, Jr. M.D.</i> (Degree or title) | 23b. ADDRESS <i>Moberly, Mo. June 9th '53</i> | 23c. DATE SIGNED |
|--|---|------------------|

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|---|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 6-9-1953 | 24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery | 24d. LOCATION (City, town, or county) (State) Moberly, Missouri |
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| | | |
|--|--|---|
| DATE REC'D BY LOCAL REG. 6-9-53 | REGISTRAR'S SIGNATURE <i>Earl L. ...</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Tom B. Patton</i> ADDRESS <i>Huntsville</i> |
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

83
0

FILED JUN 15 1953

NOV 18 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Tom B. Patton

Signed.....

Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.