

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Aurora		c. CITY (If outside corporate limits, write RURAL and give township) Aurora	
c. LENGTH OF STAY (in this place) 56 Yrs		d. STREET ADDRESS (If rural, give location) South Hudson St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Hudson St.			

3. NAME OF DECEASED (Type or Print) a. (First) BERT b. (Middle) PROCTOR c. (Last) FULP			4. DATE OF DEATH (Month) (Day) (Year) Sept. 28 - 1953		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Jan. 14, 1895		9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		11. BIRTHPLACE (State or foreign country) Madison County Arkansas		12. CITIZEN OF WHAT COUNTRY? USA.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk				10b. KIND OF BUSINESS OR INDUSTRY Shoe Mfg.				11. BIRTHPLACE (State or foreign country) Madison County Arkansas				12. CITIZEN OF WHAT COUNTRY? USA.			

13a. FATHER'S NAME Robert Lee Fulp			13b. MOTHER'S MAIDEN NAME Flora Moore			14. NAME OF HUSBAND OR WIFE Goldie Fly Fulp		
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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) No		16. SOCIAL SECURITY NO. 496-01-9065		17. INFORMANT'S SIGNATURE OR NAME Goldie Fulp		ADDRESS Aurora Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gas Strained				INTERVAL BETWEEN ONSET AND DEATH	
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X				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)				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 **Sept 28, 1953** to **10**, that I last saw the deceased alive on **3rd AM Sept 28** and that death occurred at **4:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. D. O'Neil		(Degree or title)		23b. ADDRESS 315 W. Medical Center, N. Aurora, Mo.		23c. DATE SIGNED 9/28/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/30/53		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Aurora, Mo.	
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DATE REC'D BY LOCAL REG. 9/30/53		REGISTRAR'S SIGNATURE Oran Mc Natt		157		25. FUNERAL DIRECTOR'S SIGNATURE James D. Crafton		ADDRESS FUNERAL HOME, AURORA, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 15 1954

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 James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora, 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.