

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39049

State File No. \_\_\_\_\_

5258

FILED NOV 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shawnee</u>			8 15 0 8
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>16700 West 53rd</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Albert</u>		b. (Middle) <u>V.</u>		c. (Last) <u>Fuller</u>	
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>4,</u>		(Year) <u>1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-9-1893</u>		9. AGE (In years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner-salesmen</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Appliance Business</u>		11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Andrew J. Fuller</u>			13b. MOTHER'S MAIDEN NAME <u>Jerdine Vincent</u>		14. NAME OF HUSBAND OR WIFE <u>Lena R. Fuller</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena R. Fuller</u>		ADDRESS <u>Shawnee, Kans.</u>	
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) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>4201</u>	
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) m.		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 <u>2 Nov</u> , 19 <u>53</u> , to <u>4 Nov</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4 Nov</u> , 19 <u>53</u> , and that death occurred at <u>8:40</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>K. W. Carbaugh</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Mission, Kans</u>		23c. DATE SIGNED <u>5 Nov 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Johnson County Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Overland Park, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>11-6-53</u>		REGISTRAR'S SIGNATURE <u>Sealdine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Paul Amos</u>		ADDRESS <u>Shawnee, Kansas</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 4385

P. O. Address Shawnee, Kansas

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.