

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17980**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **645**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>24 yrs</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Methodist Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3005 North 8th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>EARL</b> c. (Last) <b>FULLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 19 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan. 21, 1890</b>		9. AGE (In years last birthday) <b>64</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brewery worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brewing</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Amazonia, Missouri</b>	

13a. FATHER'S NAME <b>Andrew Jackson Fuller</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Zetta Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Stella May Fuller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-10-4853</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Stella May Fuller St. Joseph, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>		DUE TO (b) <b>aortic stenosis</b>		<b>2 month</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Enlarged heart</b>		<b>not sure</b>	
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 <b>4211</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **April, 1954**, to **June 19, 1954**, that I last saw the deceased alive on **June 19, 1954**, and that death occurred at **12:35 P.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Collis Proudy MD</b>		23b. ADDRESS <b>485-g St Joseph, Mo</b>		23c. DATE SIGNED <b>June 21, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 22, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
		24d. LOCATION (City, town, or county) <b>St. Joseph, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>June 23, 1954</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>St. Joseph, Mo</b>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

12/11/20

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 .....  
Signature of Student Embalmer

Signed *Charles E. Bennett*

Licensed Embalmer No. *H. 6. 2.*

P. O. Address *St. Joseph*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.