

19330

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED JUN 22 1954

BIRTH NO. 31184-54 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 260

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		0492
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>708 N. Campbell St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Fullmer</u> c. (Last) <u>Fullmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 28, 1954</u>	9. AGE (In years if under 1 year last birthday) <u>0</u>	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Fullmer</u>		13b. MOTHER'S MAIDEN NAME <u>Marjorie Herrod</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, give branch and dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Fullmer, 708 N. Campbell St. Webb City, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia due to aelectasis.</u> (b) <u>Erythroblastosis</u> (c) <u>Placental</u> 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. <u>Maternal Toxemia abruptio Placenta</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7705</u>			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>28 May, 1954</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John E. Burch M.D.</u>		23b. ADDRESS <u>Friess Bldg. Joplin</u>		23c. DATE SIGNED <u>6-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-14-54</u>	REGISTRAR'S SIGNATURE <u>James 138- by Robert Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnce-Simpson, Webb City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 21 19
Jasper County Health Office
County File Number 54-6-46
Date Filed JUN 21 19

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

Jack C. Simpson

Licensed Embalmer No. 47

P. O. Address Webb City 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.