

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27273**
3658

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3658					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri				b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City			c. LENGTH OF STAY (In this place) 5 1/2 years	c. CITY OR TOWN Kansas City		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 2121 E. 38th				e. STREET ADDRESS (If rural, give location) 65 2121 E. 38th 3558							
3. NAME OF DECEASED (Type or Print) a. (First) LEROY			b. (Middle)		c. (Last) FULTON		4. DATE OF DEATH (Month) (Day) (Year) July 24 1954				
5. SEX D Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 5 1893		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Interior Decorator		11. BIRTHPLACE (City and State or Foreign Country) Sedalia Mo			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Smiles Fulton			13b. MOTHER'S MAIDEN NAME Huberson			14. NAME OF HUSBAND OR WIFE Anna Fulton					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or date of service) X		17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Fulton		ADDRESS 2121 E 38th					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 12 hrs			
				ANTECEDENT CAUSES As forid 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.				4201			
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)		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 June 1947 , to July 24, 1954 , that I last saw the deceased alive on July 24, 1954 , and that death occurred at 8:15 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE R. M. Lilley DO (Degree or title)				23b. ADDRESS 3915 Main Kansas City Mo			23c. DATE SIGNED 7-25-54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 27 1954	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri						
DATE REC'D BY LOCAL REG. 7-26-54		REGISTRAR'S SIGNATURE Sheraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE Wilba Funeral Home					ADDRESS 2315 Remwood	

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

2002 2715

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 *Chas E. Wilkes*.....

Licensed Embalmer No. *2644*

P. O. Address *19 E. Myo*.....

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.