

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18037**
2643

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Clay		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 town) Kansas City North	c. LENGTH OF STAY (If in place) unlimited	c. CITY OR TOWN Kansas City	d. Is 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 4001 N Brighton		f. STREET ADDRESS (If rural, give location) 917 Tracy	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Edward c. (Last) Fuller			4. DATE OF DEATH June 18, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Dec. 3, 1911		9. AGE (In years last birthday) 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) welder		10b. KIND OF BUSINESS OR INDUSTRY weld car dealer		11. BIRTHPLACE (City and State or Foreign Country) ARK	

13a. FATHER'S NAME Chas Fuller	13b. MOTHER'S MAIDEN NAME Ruth Jones	14. NAME OF HUSBAND OR WIFE NORMA SHERRILL FULLER
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II	16. SOCIAL SECURITY NO. 431-28-8519	17. INFORMANT'S SIGNATURE OR NAME John Fuller ADDRESS Moscow Penna
---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medical Certification I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH Sudden	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	
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	20. AUTOPSY? YES <input 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) (Min)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ **3p** m., from the causes and on the date stated above.

23a. SIGNATURE Glenn W. Henderson (Degree or title) MD, Physician	23b. ADDRESS Liberty, Mo.	23c. DATE SIGNED 6/21/55
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6-22-55	24c. NAME OF CEMETERY OR CREMATORY Hot Springs Con.	24d. LOCATION (City, town, or county) (State) Hot Springs ARK
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. 6-21-55	REGISTRAR'S SIGNATURE Alva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE John Parley ADDRESS Liberty, Mo.
---	--	---

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

2361 77 703

AUG 8 1955

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 J. Tyle

Licensed Embalmer No. 453

P. O. Address.....
St. Paul

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.