

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 30 1955

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Aurora	c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Aurora,	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 518 Madison		e. STREET ADDRESS (If rural, give location) 518 Madison	

3. NAME OF DECEASED (Type or Print) a. (First) Melvin b. (Middle) Dorr c. (Last) Fulp	4. DATE OF DEATH (Month) (Day) (Year) May 20, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1902	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) St. Commissioner	10b. KIND OF BUSINESS OR INDUSTRY Road Maintenance	11. BIRTHPLACE (City and State or Foreign Country) Aurora, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Edward Lee Fulp	13b. MOTHER'S MAIDEN NAME Flora Ann Moore	14. NAME OF HUSBAND OR WIFE Vera Logan Fulp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, state year or dates of service) NO	16. SOCIAL SECURITY NO. 486-05-8604	17. INFORMANT'S SIGNATURE OR NAME Vera Fulp,	ADDRESS Aurora, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Bronchus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 163X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION Sept 21 1954	19b. MAJOR FINDINGS OF OPERATION Carcinoma of the Right Bronchus - Extension	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 5/1, 1955, to 5/20, 1955, that I last saw the deceased alive on 5/20, 1955, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Benneth L. Felsey M. D.	23b. ADDRESS Aurora, Missouri	23c. DATE SIGNED 5/20/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/22/55	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	24d. LOCATION (City, town, or county) (State) Aurora, Missouri
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DATE REC'D BY LOCAL REG. 5/20/55	REGISTRAR'S SIGNATURE Ora M. Natt	25. FUNERAL DIRECTOR'S SIGNATURE Arnold	ADDRESS Aurora, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

6521 7 70P

JUL 26 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 *Irwin R. Arnold*

Licensed Embalmer No. *492*

P. O. Address *Carroll*

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.