

FILED FEB 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1656

Registrar's No. 32

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		State File No. 1656		Registrar's No. 32				
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage			c. LENGTH OF STAY (in this place) 12 days		c. CITY OR TOWN Carthage		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 McCune Brooks Hosp.				e. STREET ADDRESS (If rural, give location) 1232 S. Maple								
3. NAME OF DECEASED (Type or Print) Laura Jane Fuller			a. (First)		b. (Middle)		c. (Last)					
4. DATE OF DEATH Jan. 24, 1956			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10-6-1856		9. AGE (In years last birthday) 99		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
5. SEX Female			6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Salisbury, N. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Alexander Allen			13b. MOTHER'S MAIDEN NAME Unk.			14. NAME OF HUSBAND OR WIFE Samuel W. Fuller						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. A. Edwards, Carthage, Mo.							
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.				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia due to chronic nephritis								?
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								592x
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, diffuse Senile heart disease with congestive failure and auricular fibrillation								14 days 8 months
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) 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 6/16, 1955, to 1/24, 1956, that I last saw the deceased alive on 1/24, 1956, and that death occurred at 9:12P m., from the causes and on the date stated above.												
23a. SIGNATURE Charles H. Schell M. D.						23b. ADDRESS Carthage, Mo.			23c. DATE SIGNED 1-25-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-27-1956		24c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery			24d. LOCATION (City, town, or county) (State) Jasper County, Missouri					
DATE REC'D BY LOCAL REG. 1-26-56		REGISTRAR'S SIGNATURE E. W. Clinton 139			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home, Carthage, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 8 1956  
Jasper County Health Office

County File Number 56-2-196  
Date Filed FEB 8 1956

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 *Edwin C. Thomas*

Licensed Embalmer No. 195

P. O. Address *Coatsburg*

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.