

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4785

State File No. \_\_\_\_\_

FILED MAR 1 1956

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 593

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )	c. LENGTH OF STAY (In this place) <b>6 years</b>	c. CITY OR TOWN <b>Kansas City</b>	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 <b>General Hospital No. 1</b>		e. STREET ADDRESS <b>55</b>	(If rural, give location) <b>2121 E. 38</b>

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Elizabeth</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Fulton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 7 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Whites</b>	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Nov 4, 1870</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Alterations Clothing</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Edward Craltree</b>	13b. MOTHER'S MAIDEN NAME <b>Virginia Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Le Roy Fulton</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OF NAME <b>Mrs. Edna Ekert</b>	ADDRESS <b>2501 E. 35th St. Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Severe cerebral arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>3 1/2 X</b>
	ANTECEDENT CAUSES <b>DUPLICATE TO (b) Bronchopneumonia</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 checked="" type="checkbox"/> NO <input 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 Jan. 12, 1956, to Feb. 7, 1956, that I last saw the deceased alive on Feb. 7, 1956, and that death occurred at 10:29P m., from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>2-8-1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 10, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2-9-56</b>	REGISTRAR'S SIGNATURE <b>Neval Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hilke Funeral Home</b>	ADDRESS <b>2315 Rimwood</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

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. Weeks*.....

Licensed Embalmer No. *264*.....

P. O. Address *Kennett*.....

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.