

FILED MAY 10 1956

STANDARD CERTIFICATE OF DEATH

13647
State File No. 208
Registrar's No. 208

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237

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 OR TOWN Raytown		c. CITY OR TOWN Raytown	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 15 yrs.		e. STREET ADDRESS (If rural, give location) 6609 Ralston	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6609 Ralston			

3. NAME OF DECEASED (Type or Print)	a. (First) Gertrude	b. (Middle) L.	c. (Last) Fuller	4. DATE OF DEATH (Month) (Day) (Year) April 30 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 5, 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Topeka Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James G. Legate	13b. MOTHER'S MAIDEN NAME Jane G.	14. NAME OF HUSBAND OR WIFE Alfred H. Fuller
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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. No.	17. INFORMANT'S SIGNATURE OR NAME MRS. George Flynn	ADDRESS
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 41 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism		
	ANTECEDENT CAUSES Morbid 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. Hypostatic Pneumonia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332x	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) Raytown, Jackson Mo.
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 **3-20, 1956** to **4-30, 1956**, that I last saw the deceased alive on **4-23, 1956**, and that death occurred at **1:30 pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert H. Finckel M.D.	23b. ADDRESS Raytown, Mo.	23c. DATE SIGNED 4-30-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 2-56	24c. NAME OF CEMETERY OR CREMATORY Mt. MONA Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. 5-2-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Sidenfaden	ADDRESS St. Joseph Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

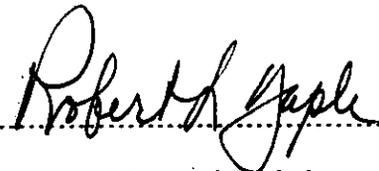
5-4
0-4

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.....



Licensed Embalmer No. 330

P. O. Address N. Joseph, N.

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.