

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17157**

FILED JUN 4 1956

BIRTH NO. _____		REG. DIST. NO. <b>245</b>		PRIMARY REG. DIST. NO. <b>3047</b>		Registrar's No. <b>47</b>			
1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEOSHO</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEOSHO</b>		d. STREET ADDRESS (If rural, give location) <b>215 No. Wood St</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>215 No. Wood St.</b>				d. STREET ADDRESS (If rural, give location) <b>215 No. Wood St</b>					
3. NAME OF DECEASED (Type or Print) <b>MARY J. FULLHART</b>			4. DATE OF DEATH <b>APRIL 28, 1956</b>						
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>10-13-1868</b>			
9. AGE (in years last birthday) <b>87</b>				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Washington County, Mo.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.B.</b>			
13a. FATHER'S NAME <b>William Teague</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Edward</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ANNA Pilkenton</b> ADDRESS <b>Neosho</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterial Sclerosis</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
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, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4500</b>					
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 <b>4-28, 1955</b> to <b>April 28, 1956</b> that I last saw the deceased alive on <b>April 28, 1956</b> , and that death occurred at <b>1:50 A.M.</b> from the causes and on the date stated above.									
23a. SIGNATURE <b>Dr. H. Davis</b> (Degree or title)				23b. ADDRESS <b>Neosho Mo</b>		23c. DATE SIGNED <b>5/1/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-1-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GRANBY MEMORIAL</b>		24d. LOCATION (City, town, or county) (State) <b>GRANBY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>5-23-56</b>		REGISTRAR'S SIGNATURE <b>Melvin G. Bowman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Orley Thompson</b> ADDRESS <b>Neosho Mo</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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**RECEIVED**

District Health Officer No. Newton

District File Number 556-81

Date Filed MAY 28 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 \_\_\_\_\_

Student Embalmer

Signed \_\_\_\_\_

Les S. Whitaker

Licensed Embalmer No. 4780

P. O. Address Meads, Md

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 this body is not embalmed, fact should be so stated above.