

FILED SEP 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27378**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **182**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Ottawa	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage, Mo.		c. CITY OR TOWN Commerce	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 307 South Fulton		STREET ADDRESS (If rural, give location) S. Vine 8358	

3. NAME OF DECEASED (Type or Print) a. (First) Oliver	b. (Middle) Floyd	c. (Last) Fulcher	4. DATE OF DEATH (Month) (Day) (Year) 9 1 1956
---	--------------------------	--------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-15-07	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 1 Days 15	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Galena, Kans.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	---	--

13a. FATHER'S NAME Isiac Fulcher	13b. MOTHER'S MAIDEN NAME Elizabeth Pratt	14. NAME OF HUSBAND OR WIFE Ethel
---	--	--

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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Oliver Fulcher	ADDRESS Commerce, Okla.
--	-------------------------	--	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic congestive failure DUE TO (c) hypertensive cardiovascular disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic glomerulonephritis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443x	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) (Min.)	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 **February 2, 1956**, to **September 1, 1956**, that I last saw the deceased alive on **September 1, 1956**, and that death occurred at **8:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE Shed Seltzer, Jr.	(Degree or title) M.D.	23b. ADDRESS 202 W 4th Carthage Mo	23c. DATE SIGNED 9/4/56
---	-------------------------------	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 9-5-56	24c. NAME OF CEMETERY OR CREMATORY Cockey Comfort	24d. LOCATION (City, town, or county) (State) E. of Newsho, Mo.
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. 9-4-56	REGISTRAR'S SIGNATURE Ely Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Grace Mitchelson	ADDRESS Commerce
--	--	--	-------------------------

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

0497

390

County File Number 56-9-1227
Date Filed SEP 12 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 *Jack Parker*

Licensed Embalmer No. 4838

P. O. Address *Jefferson*

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.