THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36990
STATE FILE NUMBER

FILED DEC 11 1956

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Butler — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Butler memorial — Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN Butler — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 210 N Fulton — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Dollie Middle Fuller Last Ray
4. DATE OF DEATH Month Dec Day 3 Year 1956
5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Nov 28 1871
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
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 country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME L A Fuller
14. MOTHER'S MAIDEN NAME Frances Proctor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Madge Ray-Butler Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis Influenza
DUE TO (c) Chronic nephritis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 592.X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1 1956 to Dec 3 1956 and last saw her alive on 12-8-56
Death occurred at 8:35 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. L. Hanson M.D.
22b. ADDRESS Butler Mussouri
22c. DATE SIGNED 12/4/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/5/56
23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery
23d. LOCATION (City, town, or county) (State) Butler Missouri

24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Missouri
25. DATE REC'D BY LOCAL REG. Dec. 5-56
26. REGISTRAR'S SIGNATURE Kendall Kenney

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., student Embalmer No. .....

working under my personal supervision..

Student ..... Signed Robert D. Steinbeck

Signature of Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.