

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState-File No. **37263**

FILED NOV 19 1956

BIRTH NO. **71722-56** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Madison</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>30 hrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fredericktown</b>		d. STREET ADDRESS (If rural, give location) <b>211</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>					
3. NAME OF DECEASED a. (First) <b>Bennie</b> b. (Middle) <b>Elsone</b> c. (Last) <b>Fulton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 14, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Nov. 5, 1956</b>	9. AGE (In years last birthday) <b>9</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Fredericktown, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Palmer Fulton</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Tripp Fulton</b>	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Father Palmer Fulton</b> ADDRESS <b>Fredericktown, Mo</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Overwhelming Infection</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Cause undetermined with retroperitoneal hemorrhage</b>			
		DUE TO (c) <b>probable cerebral hemorrhage</b>			
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <b>probable cerebral hemorrhage</b>			
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? <b>299X</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cape Girardeau, Cape Gir MO</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 **11-13, 1956** to **11-14, 1956**, that I last saw the deceased alive on **11-14, 1956** and that death occurred at **7:25 PM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. J. Herlied</b> (Degree or title)		23b. ADDRESS <b>Cape Girardeau, Mo.</b>	23c. DATE SIGNED <b>11/14/56</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11/15/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PATTON METHODIST</b>	24d. LOCATION (City, town, or county) (State) <b>BOLLINGER COUNTY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>11-17-56</b>	REGISTRAR'S SIGNATURE <b>T. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>T. C. Summers</b> ADDRESS <b>FREDERICKTOWN, MO.</b>		

(Licensed Embalmer's Statistician on Reverse Side)

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

**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 Raymond B. Wilson

Licensed Embalmer No. 4887

P. O. Address Fredericktown, 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.