FILED MAR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5256
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 25

0492

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WEBB CITY — Inside Limits: Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 508 So OAKLAND — Length of stay in 1b: 50 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: WEBB CITY 0492 — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): 508 So OAKLAND — Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First LOREN Middle Last FULLERTON
4. DATE OF DEATH: Month 3 Day 2 Year 1957
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: 5-13-1885
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 10 Days 0 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED R.R.EMPLOYEE
10b. KIND OF BUSINESS OR INDUSTRY: S.W.MISSOURI R.R
11. BIRTHPLACE (City and state or country): JASPER COUNTY Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: ROBERT T.FULLERTON
14. MOTHER'S MAIDEN NAME: CATHERINE ?
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.: 491-01-4611
17. INFORMANT: GUSSIE E.FULLERTON Address: WEBB CITY,MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: two years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 260 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 May, 1948 to March 2, 1957 and last saw him alive on March 2, 1957
Death occurred at 9:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James V. Flaherty
22b. ADDRESS: 319 W. Main St., Carterville, Mo.
22c. DATE SIGNED: 3-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3-5-1957
23c. NAME OF CEMETERY OR CREMATORY: MOUNT HOPE CEMETERY
23d. LOCATION (City, town, or county): WEBB CITY (State): MO

24. FUNERAL DIRECTOR: HEDGE-LEWIS FUNERAL HOME ADDRESS: WEBB CITY,MO
25. DATE RECD. BY LOCAL REG.: 3-5-1957
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Surtzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard terms. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

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MAR 15 1957

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.....
Signature of Student Embalmer

Signed Richard Gray Lew

Licensed Embalmer No. 148

P. O. Address Webb C

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.