

Health,
& Welfare
Public
Service

D. Taylor

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022686
STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. *245* Primary Registration District No. *3047* Registrar's No. *76*

300
1-57
32
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1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Neosho Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital		Length of stay in lb 0132	d. STREET ADDRESS (If outside, give location) 1100 N. College Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Martha Middle Fulton Last Bankard			4. DATE OF DEATH Month June Day 28 Year 1958	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 8, 1867	9. AGE (In years last birthday) 90	10. F UNDER 1 YEAR Months 9 Days 20	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Latrobe Penn	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Abram Fulton	13b. MOTHER'S MAIDEN NAME Elizabeth Barnes	14. NAME OF HUSBAND OR WIFE Charles S. (Deceased)
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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. None	17. INFORMANT Mrs Don G. Barnett Address Neosho, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH Two Wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) INANITION	
	DUE TO (c) SENILITY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		491X
		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Neosho Mo	COUNTY STATE
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21. I attended the deceased from Death occurred at 26 JUNE 58 to 28 JUNE 58 and last saw her alive on 28 JUNE 58 9:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS Neosho Mo	22c. DATE SIGNED 3 July 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-2-58	23c. NAME OF CEMETERY OR CREMATORY Forrest Park Cem	23d. LOCATION (City, town, or country) Joplin, Missouri
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24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS Neosho, Mo	25. DATE RECD. BY LOCAL REG. July 7 1958	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED

District Health Officer No. Newton
District File Number 758-148
Date Filed JUL 11 1958

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 Fred L. Clark, Student Embalmer No. 556 working under my personal supervision.

Student Fred L. Clark
Signature of Student Embalmer

Signed Reina Thomhill

Licensed Embalmer No. 3590
P. O. Address Joplin, Mo

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.