

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033261  
STATE FILE NUMBER

FILED SEP 17 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sarsawic</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune Hosp Ida</u> Length of stay in 1b <u>1 da</u>		d. STREET ADDRESS (If outside, give location) <u>Mo</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>J. C. Fullerton</u> First Middle Last			4. DATE OF DEATH <u>Sept 4-58</u> Month Day Year			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 28-1881</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer &amp; oil dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Sarsawic Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. SA</u>
13. FATHER'S NAME <u>Robert Fullerton</u>			14. MOTHER'S MAIDEN NAME <u>Kate Archer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Floyd Fullerton</u> Address <u>Sarsawic Mo</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2</u> hours
DUE TO (b) <u>Arteriosclerotic heart disease</u>			years
DUE TO (c) <u>4200</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
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 COUNTY STATE	
21. I attended the deceased from <u>2/23/52</u> to <u>9/4/58</u> and last saw her/him alive on <u>9/4/58</u> Death occurred at <u>12:50</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>F. J. Shell</u> (Degree or title) <u>M. D.</u>			22b. ADDRESS <u>Carthage, Missouri</u>		22c. DATE SIGNED <u>9/8/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sarsawic Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Sarsawic Mo</u>
24. FUNERAL DIRECTOR <u>Jackson &amp; Sons</u> ADDRESS <u>Sarsawic Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-10-58</u>	26. REGISTRAR'S SIGNATURE <u>W. J. Fullerton</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service 300 1-56 0  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. 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. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....  
*Wm H. Jackson*

Licensed Embalmer No. *39*

P. O. Address.....  
*Jackson*

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.