

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036379

STATE FILE NUMBER

FILED OCT 29 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4782

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>North Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u> Length of stay in lb <u>1 WK</u>		d. STREET ADDRESS (If outside, give location) <u>2100 Erie</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Charles W.</u> Middle <u>Fulton</u> Last <u>Fulton</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>9</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</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 18, 1879</u>
9a. USUAL OCCUPATION (Give kind of work done during most of life (even if retired)) <u>Retired Blacksmith</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Watach R.R.</u>	9c. AGE (In years last birthday) <u>79</u>
10a. FATHER'S NAME <u>Thomas W. Fulton</u>		10b. MOTHER'S MAIDEN NAME <u>M. Elizabeth Drew</u>	10c. NAME OF HUSBAND OR WIFE <u>Mary N. Fulton</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12. SOCIAL SECURITY NO. <u>702-05-3309A</u>	13. INFORMANT <u>Floyd W. Fulton</u> Address <u>4314 E 53rd SA KC 16</u>
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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>June 1953</u> to <u>October 9, 1958</u> and last saw him alive on <u>Oct 9, 1958</u> Death occurred at <u>10:10 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edw. H. Fischer M.D.</u>		22b. ADDRESS <u>386 E 21st Wc 16 Mo</u>	22c. DATE SIGNED <u>10-10-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>10-11-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
24. FUNERAL DIRECTOR <u>A.W. Newcomer Sons N.K.C.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>10-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Meva Marshall</u>

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Edw. H. Fischer

Dr. Fischer



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 *Glenn A. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16 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.