

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043096

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 369 Primary Registration District No. 6250 Registrar's No. 1

300
-57-3

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WAYNE	
b. CITY OR TOWN IN ROUTE TO HOSPT. (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN PIEDMONT, MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEER WAYNE BUTLER CO. LINE Length of stay in 1b HIGHWAY 67		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GRACE Middle FULLTON Last FULLTON			4. DATE OF DEATH Month Nov. Day 2 Year 1958		
--	--	--	--	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 12, 1879	9. AGE (In years) IF UNDER 1 YEAR (If under 1 year, give month and day) 78 Months 10 Days 20	IF UNDER 24 HRS. Hours 2 Min. 0
----------------------	-------------------------------	--	---------------------------------------	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) PATTERSON, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME WILLIAM MORRIS	13b. MOTHER'S MAIDEN NAME LAURA BROWN	14. NAME OF HUSBAND OR WIFE PAXTON HULL FULLTON
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT PEGGY PORTER 1916 Apparition Dr Valley Sta Ky.
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 2 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Larynx & Bronchus		3 hours
	DUE TO (c) Duchenne's paralysis		6 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X		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 1:45 Month Nov. Day 2 Year 1958 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Piedmont	20f. CITY, TOWN, OR LOCATION Piedmont COUNTY Wayne STATE MO.
---	---	--	---

21. I attended the deceased from 11-2-58 to 11-3-58 and last saw her alive on 11/3-58 Death occurred at 1:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. E. Farnley M.D.	22b. ADDRESS Piedmont	22c. DATE SIGNED Nov 4 1958
--	------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV-4-1958	23c. NAME OF CEMETERY OR CREMATORY MASONIC	23d. LOCATION (City, town, or county) (State) PIEDMONT MO.
---	-----------------------------	---	---

24. FUNERAL DIRECTOR Dish Funeral Home ADDRESS Piedmont Mo.	25. DATE RECD. BY LOCAL REG. Nov. 10, 1958	26. REGISTRAR'S SIGNATURE Hazel Stark
---	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Roman W. Gish

Licensed Embalmer No. 3387

P. O. Address Gidman

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.