

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006126

STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 26

300
1-57

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webb City</u> | | c. CITY OR TOWN <u>Webb City</u> <u>04920</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>615 N. Tom St.</u> | | d. STREET ADDRESS (If outside, give location) <u>615 N. Tom</u> | |
| Length of stay in lb <u>Lifetime</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>EDMOND</u> Middle <u>CRANDEL</u> Last <u>FULLER</u> | | | 4. DATE OF DEATH Month <u>February</u> Day <u>8</u> Year <u>1959</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct. 4, 1901</u> | 9. AGE (In years last birthday) <u>57</u> | IF UNDER 1 YEAR Months _____ Days _____ | 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) <u>Miner</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Oronogo Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Fuller</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Preston</u> | 14. NAME OF HUSBAND OR WIFE <u>Bettie Fuller</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Mrs Bettie Fuller Webb City Missouri</u> |
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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) <u>Pulmonary Tuberculosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| 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) <u>cc 2 X</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 _____ |
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| 21. I attended the deceased from <u>10-2-1958</u> to <u>2-8-59</u> and last saw ^{her} alive on <u>2-7-59</u> Death occurred at <u>6:45</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE <u>P. B. Munson, D. O.</u> (Degree or title) | 22b. ADDRESS <u>Webb City Mo</u> | 22c. DATE SIGNED <u>2-11-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-10-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Weaver Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>North of Oronogo Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Hedge-Lewis Funeral Home, Webb City Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>2-11-59</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> |
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P. B. Munson - D. O. 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 *L. J. Lewis Jr.*

Licensed Embalmer No. *4561*

P. O. Address *W. City 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.