

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008256
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		c. CITY OR TOWN Clarence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GRIM-SMITH HOSPITAL & CLINIC		d. STREET ADDRESS (If outside, give location) RFD 2	

3. NAME OF DECEASED (Type or print) First Maude Middle Ethel Last Fullerton			4. DATE OF DEATH Month March Day 19 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 18, 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 3 Days 19 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Cape County, Missouri	
13. FATHER'S NAME William E. Bonney			14. MOTHER'S MAIDEN NAME Laura Hinkle		
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. 192-28-6632		17. INFORMANT Grim-Smith Hospital, Kirkville, Missouri	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage.			INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension.			
DUE TO (c) Arteriosclerosis.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X			

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 11:35 Month 12 Day 16 Year 58			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION Clarence, Missouri			20f. COUNTY Clarence		

21. I attended the deceased from 12-16-58 to 3-19-59 and last saw her alive on 3-19-59 Death occurred at 11:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>O. W. Hasselblad</i> O. W. Hasselblad, M. D.			22b. ADDRESS Kirkville, Missouri		22c. DATE SIGNED 3-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/22/59	23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	23d. LOCATION (City, town, or county) Clarence, Missouri	23e. STATE Missouri	
24. FUNERAL DIRECTOR Greening Funeral Home, Clarence, Mo.		25. DATE RECD. BY LOCAL REG. 4-2-1959	26. REGISTRAR'S SIGNATURE <i>Doris W. Poff</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

O. W. HASSELBLAD M.D.

MEDICAL CERTIFICATION

8991 8 R 100

APR 4 1963

JUL 14 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... Charles V. Gannon

Licensed Embalmer No. 4

P. O. Address Claren

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.