

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020493

FILED VS JUN 7 1960

296 Primary Registration District No. 6018

STATE FILE NUMBER

Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ray County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, give TOWNSHIP only) Fishing River		Length of stay in 1b 42 years	c. CITY OR TOWN Excelsior Springs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles N.E. Ex.Spgs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS R.F.D. 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle Richard Last Fulkerson			4. DATE OF DEATH Month May Day 27 Year 1960			
5. SEX Male	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 4/18/1884	9. AGE (last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ray County, MO		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME Marion Francis Fulkerson		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Cox		14. NAME OF HUSBAND OR WIFE Mary Jane Fulkerson		
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. No. AN-491-01-9300	17. INFORMANT Address Mrs. Mary Jane Fulkerson, RFD2 Ex.S.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN DEATH AND DEATH INSTANT	
IMMEDIATE CAUSE (a) Coronary thrombosis					instant	
DUE TO (b) hypertension					sev. years	
DUE TO (c) arteriosclerosis					years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. Month, Day, Year _____						
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 Nov. 16, 1959 , to May 27, 1960 and last saw ^{her} him alive on May 27/1960 Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>M. D. Excelsior Springs, Mo.</i>			22b. ADDRESS M. D. Excelsior Springs, Mo.		22c. DATE SIGNED 5/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 30, 1960	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		23d. LOCATION (City, town, or county) (State) Excelsior Springs, MO.		
24. FUNERAL DIRECTOR Virgil Hope, Excelsior Springs, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 6-7-60	26. REGISTRAR'S SIGNATURE <i>Howard W. W.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior St

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.