

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000821

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 22

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 29 1963

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in lb 14 Days	c. CITY OR TOWN Jamestown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles E. Still Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) In City Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BIDDY Middle VIOLA Last FULLRICH			4. DATE OF DEATH Month January Day 17 Year 1963		
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 4/10/1882	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Jamestown, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Gatschet		13b. MOTHER'S MAIDEN NAME Mary Geminden		14. NAME OF HUSBAND OR WIFE William Fullrich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address William Fullrich, Jamestown, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Inflammation + Abscess		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinomatosis	Unknown
	DUE TO (c) Adeno-Carcinoma, Eye Breast	
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.	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 12-11-61 to 1-17-63 and last saw her alive on 1-16-63 Death occurred at 11:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS Jamestown, Mo.	22c. DATE SIGNED 1-17-63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1/19/1963	23c. NAME OF CEMETERY OR CREMATORY Concord Cemetery	23d. LOCATION (City, town, or county) (State) Jamestown, Missouri
24. FUNERAL DIRECTOR Hugh E. Williams, California, Missouri		ADDRESS	25. DATE RECD. BY LOCAL REG. 17 January 1963
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

VS 300
Rev. 4/59

DATE AMENDED
2269
20680

3
4 **1**
5 **1**
6
7 **0**
8 **2**
9 **170X**
10
11
12 **1-2**
13 **1-0**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JAN 29 1963

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 Russell C. May

Licensed Embalmer No. 4804

P. O. Address California, Missouri

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.