

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029486

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 282 Primary Registration District No. 5982 Registrar's No. 101

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

FILED JUL 23 1963

VS 300
Rev. 4/59

10840

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Polk</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pleasant Hope</u>		Length of stay in 1b <u>years</u>		c. CITY OR TOWN <u>Pleasant Hope</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>At 1</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		Month Day Year	
First <u>Maud</u> Middle <u>Frances</u> Last <u>Fullerton</u>		<u>July 9 1963</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/18/1880</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Greene County, U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>B. F. Cash</u>		13b. MOTHER'S MAIDEN NAME <u>Numbin</u>	
14. NAME OF HUSBAND OR WIFE <u>Ed. "Deceased"</u>		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. <u>None</u>	
17. INFORMANT <u>Willard Fullerton, Pleasant Hope</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease.</u>		DUE TO (b) <u>Acute Myocardial Infarction</u>		<u>5 min</u>	
DUE TO (c)		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.	
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 <u>2:45</u> 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 <u>Sept 1959</u> to <u>July 9, 1963</u> and last saw her ^{him} alive on <u>April 16, 1963</u>		Death occurred at <u>2:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Wendell Stewart M.D.</u>	
22b. ADDRESS <u>219 Professional Bldg. Springfield 4 Mo</u>		22c. DATE SIGNED <u>July 9, 1963</u>		22c. DATE SIGNED (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 11, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hope</u>	
23d. LOCATION (City, town, or county) <u>Pleasant Hope, Missouri</u>		24. FUNERAL DIRECTOR <u>Chapel of the Ozarks Inc. No.</u>		25. DATE RECD. BY LOCAL REG. <u>July 18, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per JH</u>					

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued July 9, 1963 J.H.

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

Donavon P. Lakin

Licensed Embalmer No. 5159

P. O. Address Springfield, 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.