

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033158

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 276 Primary Registration District No. 5946 Registrar's No. 38

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 6 1963

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Meramec Twp</b>		c. CITY OR TOWN <b>Overland</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If outside, give location) <b>2312 Dawes</b>	
3. NAME OF DECEASED (Type or print) First <b>HOWARD</b> Middle <b>WILLIAM</b> Last <b>FULTON</b>		4. DATE OF DEATH Month <b>Sept</b> Day <b>1</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/18/1909</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manufacturing</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mfg</b>	11. BIRTHPLACE (City and state or country) <b>USA</b>
13a. FATHER'S NAME <b>Charles Fulton</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Schrum</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		17. INFORMANT <b>Esther Fulton Overland, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>presumed to be natural causes</b> DUE TO (b) <b>probably coronary occlusion</b> DUE TO (c) <b>coroner was notified</b>			INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>Overland, Mo.</b>	
21. I attended the deceased from _____ and last saw her/him <b>G.A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ruth B. Powell</b>		22b. ADDRESS <b>St. James mo</b>	
22c. DATE SIGNED <b>9-2-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/4/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pine Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Fredericktown, Mo.</b>
24. FUNERAL DIRECTOR <b>Earl Hilleman</b>		25. DATE RECD. BY LOCAL REG. <b>9-2-63</b>	26. REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SEP 18 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 *A. June Gahr*

Licensed Embalmer No. *4786*

P. O. Address *St. James, 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.