

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036936

FILED VS OCT 19 1959 224

3046

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STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

<b>1. PLACE OF DEATH</b> a. COUNTY <u>MONITEAU</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Walker Township</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MONITEAU</u> c. CITY OR TOWN <u>California</u> d. STREET ADDRESS (If outside, give location) <u>California</u>			
<b>3. NAME OF DECEASED</b> First <u>IDA</u> Middle <u>PAULINE</u> Last <u>FULKS</u>				<b>4. DATE OF DEATH</b> Month <u>OCT.</u> Day <u>13</u> Year <u>1959</u>			
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>WHITE</u>		<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Mar. 9, 1873</u>	
<b>9. AGE</b> (last birthday) <u>86</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>No</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>California Mo</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>		<b>13a. FATHER'S NAME</b> <u>G. A. BURKHARDT</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>EMMA KEHR</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>THOMAS FULKS</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>No</u>		<b>17. INFORMANT</b> <u>DR RICHARD FULKS</u>		<b>Address</b> <u>California Mo</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Osteoporosis</u> <u>Paraplegia due to cervical cord compression</u> 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							
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour <u>9.25 a.m.</u> Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> <u>California, Moniteau Mo</u>		<b>20g. COUNTY</b> <u>Mo</u>		<b>20h. STATE</b> <u>Mo</u>	
<b>21. I attended the deceased from</b> <u>June 1954</u> <b>to</b> <u>Oct 13, 1959</u> <b>and last saw her</b> <u>alive on</u> <u>Oct 13, 1959</u> <b>Death occurred at</b> <u>9.25 a.m.</u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>							
<b>22a. SIGNATURE</b> <u>R B Fulke M.D.</u>				<b>22b. ADDRESS</b> <u>California Mo</u>		<b>22c. DATE SIGNED</b> <u>10-13-59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>10-16-1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>MASONIC Cemetery</u>		<b>23d. LOCATION (City, town, or county)</b> <u>California Mo</u>	
<b>24. FUNERAL DIRECTOR</b> <u>Hugh E Williams</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>10/16/1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Helen L Popejoy</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6:36 PM ST

**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. Mearns

Licensed Embalmer No. 4864

P. O. Address California

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.