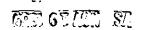
	VS OCT 1 9 1959 2 4 Primary Registration District No. 80 46 Registrat's No. 88 STATE FILE NUMBER OF STATE FILE NUM	BER
_	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Re	sidence befo
	a. COUNTY MONITEAU a. STATE MISSOULI B. COUNTY MONITEAU	admission)
	b. CITY (If outside corporate limits, give TOWNSHIP only)  OR  TOWN  C. CITY  OR  TOWN  C. CITY  OR  TOWN  C. CITY  OR  TOWN  TOWN  C. CITY  OR  TOWN  TOWN  C. CITY  OR  TOWN  TOWN  TOWN  C. CITY  OR  TOWN  TOW	Inside Limit
\ <b>\</b>	c. Full NAME OF III NOT in hospital, give location) Inside Limits III d. STREET (If cutside give location)	Yes (2) No Reside on Fa
	HOSPITAL OR I II ADDRESS 1	Yes 🗆 No
	3. NAME OF DECEASED First Middle Lest 0. DATE Month Day OF DEATH O	Year
	5. SEX 6. COLOR OR RACE 7. Married \( \begin{arried} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	IF UNDER 2 Hours A
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WI	
	during, roost of working life, even if retired)  Housewife  Vo  California No  U.S.	a.
	136. FATHER'S NAME  136. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE  15. MOTHER'S MAIDEN NAME  16. NAME OF HUSBAND OR WIFE	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address	<u> </u>
	(Yes, no, or unknown) (If yes, give war or dates of service)  NO DE RICHARD FULKS CALIFOED	ia 1
Ż	PART I. DEATH WAS CAUSED BY:	RVAL BETWI
CUMEN	IMMEDIATE CAUSE (a) Carabra / Gran Gasis 7	home
õ	Antonia (annia	<u>.</u> + 4 4 8 8 4
	Conditions, if any, which gave rise to above cause (a).	7
† <b>`</b>	stating the under- tying cause last.   DUE TO (c)	<del></del> _
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy	y in last 90
	19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Efter nature of injury in PART I or PART II of	1 -
	E PERFORMED?	10.)
11	20c. TIME OF Hout Month, Day, Year INJURY a.m. p.m.	
	20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK   farm, factory, street, office bldg., etc.)	STAT
.	21. I attended the decessed from June 1954, to Oct 13,1159 and lest saw her alive on Oct 13,19	59_
3	Death occurred at	
VIT OF	IN Tulke Up California Wes K	2c. DATE SIC 2-13-5
AFFIDAV	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City, town, or county)	(State)
虚	Battel 10-16-1959 MASONIC COMETELY CALIFORNIA  24. FUNERAL DIRECTORY ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE.	Mo
15 E		



## STATEMENT BY LICENSED EMBALMER

or by	, Student Embaimer No
working under my personal supervision.	Signed Signed & Mining
StudentSignature of Student Embalmer	
	Licensed Embalmer No.
	P. O. Address
	E LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp

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.