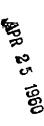
֓֞֞֞֜֞֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֟֟֓֓֓֟֓֓֓֓֟֓֓֓֟֟֓֓֓֟֓֓֟֓	S MAR 15 1960 Registration District No. 224 Pri	imary Registration District No. 369			E FILE NUMBER
	1. PLACE OF DEATH a. COUNTY MONITERU		a. STATE MISSOURI		
_	b. CITY (If outside corporate limits, give TOWN OR TOWN CALIFORNIA)  c. FULL NAME OF (If NOT in hospital, give loc	LIFE	ll ∩⊅ -	FORNIA (If cutside, give locat	Inside Lim Yes 25 No
<b> </b> _	HOSPITAL OR INSTITUTION LATHAM H	. ,	II ADDDECC	TY	rion) Reside on F
	3. NAME OF DECEASED (Type or print) First	RA FULKS FL		H MARCH	5, 1960
<u> </u>	5. SEX FEMALE WHITE	7. Married Married Never Married Divorced	11-5-1874 8	5 Months	R I YEAR IF UNDER :
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSE WIFE	OWN HOME	CALIFORNI	A, MO. U.	S. A.
	W. J. FULKS	SARAH SA	PPINGTON	14. NAME OF HUSBAND WILLIAM	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT	Address	
<b>!</b>	Yes, no, or unknown) (If yes, give war or dates of	NONE	WILLIAM R.F.	LINT, CAL	
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY	or line for (a), (b), and (c). Y:	cluse frame to	Yfustrophy	IFORNIA,
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY	r line for (a), (b), and (c).  Y:  Curden Ja  (b) Gardio-VZYU	cluse frame to	Ypertrophy	INTERVAL BETW
CERTIFICATION	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO	(c)  CONDITIONS CONTRIBUTING TO DEA	eleca frank	inal PART III. If dithere	eceased was female a pregnancy in last 90
IFICATION	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO PART II. OTHER SIGNIFICANT (disease condition given PERFORMED? 20a. ACCIDENT SUICIL PERFORMED?	(c) CONDITIONS CONTRIBUTING TO DEAL OF HOMICIDE 20b. DESCRIBE 20b. DE	clubs frace he class disease	inal PART III. If dithere	eceased was female a pregnancy in last 90
ICAL CERTIFICATION	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO PART II. OTHER SIGNIFICANT (disease condition given disease condition given performed? YES NO (8)  20c. TIME OF Hour Month, Day, Year INJURY a.m.  20d. INJURY OCCURRED 20e. PLACE	(c) CONDITIONS CONTRIBUTING TO DEAL OF HOMICIDE 20b. DESCRIBE 20b. DE	THE STREET AND THE ST	inel PART III. If dithere	ecessed was female a pregnancy in last 90 is United Part II of item 18.)
ICAL CERTIFICATION	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE BY IMMEDIATE CAUSE BY Which gave rise to above cause (a), stating the underlying cause last.  19. WAS AUTORY 200. ACCIDENT SUICIL PERFORMED? YES NO 12  20c. TIME OF Hour Month, Day, Year INJURY 0.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK 1	(b) Correct Office HOMICIDE  E OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)	THE STREET AND THE ST	PART III. If d there Ture of Injury in PART I o	ecessed was female a pregnancy in last 90 is Unit PART II of item 18.)
MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (IMMEDIATE CAUSE (I	(b) Correct Office HOMICIDE  E OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)	THE BUT NOT related to the Term  LOW INJURY OCCURRED. (Enter na  20f. CITY, TOWN, OR LOCATION  MAKES and last saw the date stated above, and to the  22b ADDRESS  LOCATION  LOCATION  22b ADDRESS	PART III. If d there Ture of Injury in PART I o	ecessed was female e pregnancy in last 90 unit or PART II of item 18.)  TY STA



## STATEMENT BY LICENSED EMBALMER

i hereby certify that the body whose name	is tecorded ou the teverse side of this certificate was empattied by
or by	, Student Embalmer No.
working under my personal supervision.	sanstussell @ Mas
Student	_ sanedusell - Mas
Signature of Student Embalmer	Loni

Licensed Embalmer No. 2809

P. O. Address Address Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor

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.