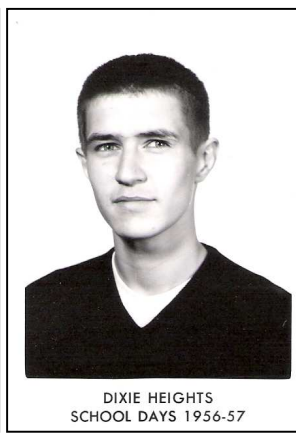


Fuller, Thomas Preston 1940 - 1994



Fuller, Thomas Preston 1940 - 1994

Kentucky Post

Thomas Preston Fuller, 54, of Independence, formerly of Lexington, died at 8:18 p.m. Thursday at St. Elizabeth Medical Center South. He was a truck driver for six years with the Kenton County Road Department and a member of Taylor Mill Moose Lodge No. 1469.

Survivors include his wife of 29 years, Geri Francis Fuller; sons, Brian Thomas Fuller of Edgewood and Todd Allen Fuller of Taylor Mill; daughters, Linda Fuller of Edgewood and Shelly O'Hara of Cincinnati; his mother, Ann Stevens Fuller of Covington; a sister, Judi Reese of Independence; and 11 grandchildren.

Services will be at 1 p.m. Monday at Allison and Rose Funeral Home, Taylor Mill. Visitation will begin there at 11 a.m. Monday. Burial will be in Floral Hills Cemetery, Taylor Mill. Memorials are suggested to Fairhaven Rescue Mission, 260 Pike St., Covington, 41011, or American Cancer Society, 2055 Dixie Highway, Suite 326, Ft. Mitchell, 41017.

Cincinnati Enquirer

FULLER

Mr. Thomas Preston, devoted husband to Mrs. Geri Francis Fuller and beloved father of Linda Fuller, Shelly O'Hara, Brian and Todd Fuller, dear brother of Judi Fuller Reese and also survived by his mother Mrs. Ann Stevens Fuller and 11 grandchildren, preceded in death by his father Thomas Fuller. At his residence Independence, KY, Thursday, July 28, 1994, age 54 years. Funeral services will be 1 P.M., Monday, August 1, 1994 at Allison & Rose Funeral Home, Inc., 5645 Taylor Mill Pk., Taylor Mill, KY where friends may call after 11 A.M. Interment in the Floral Hills Memorial Gardens, Taylor Mill, KY. Memorials may be made to the American Cancer Society or the Fairhaven Rescue Mission.



Dixie News – August 4, 1994

Thomas Preston Fuller, 54, of Independence, formerly of Lexington, died July 28 at St. Elizabeth Medical Center South. He was a truck driver for six years with the Kenton County Road Department and a member of Taylor Mill Moose Lodge No. 1469.

Survivors include his wife of 29 years, Geri Francis Fuller; sons, Brian Thomas Fuller of Edgewood and Todd Allen Fuller of Taylor Mill; daughters, Linda Fuller of Edgewood and Shelly O'Hara of Cincinnati; his mother, Ann Stevens Fuller of Covington; a sister, Judi Reese of Independence; and 11 grandchildren.

Fuller, Thomas Preston 1940 - 1994

We have beauty by God's Touch...

His flowers,

His trees,

His mountains.

We are comforted by knowing

Our loved one has found

Eternal Rest

In the midst of all His wonders

OF
MR. THOMAS PRESTON FULLER

born
APRIL 10, 1940
LEXINGTON, KENTUCKY

entered into rest
JULY 28, 1994
EDGEWOOD, KENTUCKY

age
54 YEARS 3 MONTHS 19 DAYS

services
1:00 PM MONDAY
AUGUST 1, 1994
ALLISON & ROSE FUNERAL HOME, INC.
TAYLOR MILL, KENTUCKY

interment
FLORAL HILLS MEMORIAL GARDENS
TAYLOR MILL, KENTUCKY

officiating clergyman
REVEREND WARD SPENCER

THE PREFERRED SERVICE
since 1830



ALLISON & ROSE
FUNERAL HOME, INC.

1021 Madison Ave. 5645 Taylor Mill Road
Covington, Ky. 41011 Taylor Mill, Ky. 41015
Phone (606) 261-0146 Phone (606) 356-3700
Ample Parking


Printed in U.S.A.
No. 64L

In Loving Memory



Fuller, Thomas Preston 1940 - 1994

Registrar of Vital Statistics
Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

500552

94 22779

FORM VS. NO. 1-A
(Rev. 11/91)

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS
CERTIFICATE OF DEATH

116
FILE NO.
22489

MUST
BE
TYPED

1. DECEDENT'S NAME (First, Middle, Last) Thomas Preston Fuller		3. SEX Male		7. DATE OF DEATH (Month, Day, Year) July 28 1994	
4. SOCIAL SECURITY NO. 406-52-7046		5a. AGE LAST BIRTHDAY (Years) 54		5b. UNDER 1 DAY (Months) (Days) (Hours) (Minutes)	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Resident <input type="checkbox"/> EPOC/parent <input type="checkbox"/> POA <input type="checkbox"/> Other		6. DATE OF BIRTH (Month, Day, Year) Apr 10, 1940	
12. MARITAL STATUS Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mrs. Geri Francis		7. BIRTHPLACE (City/State or Foreign Country) Lexington Kentucky 415	
26. FACILITY NAME (If not institution, give street and number) Saint Elizabeth North 01 Edgewood		9b. CITY, TOWN, OR LOCATION OF DEATH Edgewood		13a. STREET AND NUMBER 45 Pelly Road	
13b. ZIP CODE 40501		13c. COUNTY Kentucky		13d. STREET AND NUMBER 45 Pelly Road	
14. WAS DECEDENT OF INSANE JUDGMENT? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		15. RACE - American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) High School (9-12) College (1-4 or 5-11)	
17. FATHER'S NAME (First, Middle, Last) Thomas Fuller		18. MOTHER'S NAME (First, Middle, Maiden Surname) Ann Stevens		19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 45 Pelly Road Independence, KY 41051	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Floral Hills Mem. Gardens		20c. LOCATION - (City, Town or State) Taylor Mill, KY.	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) [Signature]		21b. NAME AND ADDRESS OF FACILITY ALLISON & ROSE FUNERAL HOME, INC. 5645 Taylor Mill Road, Taylor Mill, KY 41015		23b. DATE SIGNED (Month, Day, Year) 8-14-94	
23a. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated Signature and Title [Signature]		24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) Dr. William C. Dannemann 2885 Chancellor Drive Crestview Hills, KY 41017		25. TIME OF DEATH 8:18 PM	
26. DATE OF DEATH July 28 1994		27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) No		28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) 1509 Cardiac tamponade 1509 Carcinoma CAUSE (Disease or injury that resulted in death) LAST DUE TO (OR AS A CONSEQUENCE OF):	
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Month, Day, Year) M		30b. TIME OF INJURY M	
31. REGISTRAR'S SIGNATURE Barbara J. White		32. DATE FILED (Month, Day, Year) AUG 24 1994		33. DESCRIBE HOW INJURY OCCURRED	

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony whereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 23rd day of July, 2003.

U.S. PATENT NO. 4,427,726 4389488 4310188 4227719
4210488 4241084 4231042

Sandra J. Davis
Sandra J. Davis, State Registrar

Last printed 6/3/2009 9:27 AM