

FILED NOV 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34972

State File No. \_\_\_\_\_

Registration District No. 225

Primary Registration District No. 6100

Registrar's No. 30

98  
0  
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Schuyler  
(b) City or town Rural - Salt River Twp MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Edgar Carl Fugate

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Dora Fugate 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased October 30 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Monore Fugate  
13. Birthplace Not known 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Payton  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Fugate  
(b) Address Greentop MO

17. (a) Burial (b) Date thereof Oct. 27, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fugate Cemetery

18. (a) Signature of funeral director Wm A West  
(b) Address Queens City Missouri

19. (a) 10/27/42 (b) W. C. Justice  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26  
year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1938, to time of death;  
that I last saw him alive on Oct 25, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 930

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature Wm A West (M. D. or other) \_\_\_\_\_  
Address Greentop MO Date signed 10-26-42

RECEIVED  
District Health Officer No. 10  
District File Number 11-42-2037  
Date Filed NOV - 9 1942

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 my self

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Wm A West

Licensed Embalmer No.

2882

P. O. Address

Queens City, N.Y.

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 this body is not embalmed, fact should be so stated above.