

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 241 96

Primary Registration District No. 5339 5350

Registrar's No. 45 45

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

1. PLACE OF DEATH

(a) County Dallas
(b) City or town Rural Lincoln Twp.
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
(c) City or town Rural Lincoln Twp.
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lawrence Dale 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 ✓

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 24 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 13 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Virgil Dee Fugate

13. Birthplace History Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Wanda Lavale Matthews

15. Birthplace Burkside Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Virgil Fugate

(b) Address Urbana Mo.

17. (a) Burial (b) Date thereof Oct. 8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowers Chapel

18. (a) Signature of funeral director Vaughan A. Reber

(b) Address Urbana Mo.

19. (a) 10/8/42 (b) Helia Darrow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct. day 7
year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Due to Heart

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature L A Sloves (M. D. or other) MD
Address Urbana Mo Date signed 10/8/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1089

Health Officer No. 74

District File Number ~~12-42-1378~~

Date Filed ~~1-12-43~~

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.