

FILED OCT 17 1945

Registration District No. 323

Primary Registration District No. 4480

Registrar's No. 4

1. PLACE OF DEATH:
 (a) County Schuyler
 (b) City or town Greentop Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: VanOsdeal
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Fourteen Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Schuyler
 (c) City or town Greentop MO
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME James Tobias Fugate
 3. (b) If veteran, name war none
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9-22 day 45
 year 1945 hour 2 minute 30 P.M.
 21. I hereby certify that I attended the deceased from 9-9
1945 to 9-22-1945

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased August 4 1859
(Month) (Day) (Year)

that I last saw him alive on 9-22-45, 19...
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

8. AGE: Years Months Days If less than one day
86 I 18 hr. min.

Due to Insufficient old age
 Due to
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace Schuyler County Missouri.
(City, town, or county) (State or foreign country)
 10. Usual occupation Attorney at Law.
 11. Industry or business Same

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 12. Name Elbert M. Fugate
 13. Birthplace Russell Co, Virginia.
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy C. Halergt
 15. Birthplace Ohio.
(City, town, or county) (State or foreign country)

MOTHER FATHER
 12. Name Elbert M. Fugate
 13. Birthplace Russell Co, Virginia.
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy C. Halergt
 15. Birthplace Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Fugate
 (b) Address 24 W. Madison, Greentop, Mo.
 17. (a) Burial (b) Date thereof Sept. 24 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fugate Cemetary
 18. (a) Signature of funeral director Queeney Missouri.
 (b) Address.....
 19. (a) 9-27-45 (b) Burdie W. Dickey
(Date received local registrar) (Registrar's signature)

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 William D. Dickey (M. D. or other)
 Address Greentop Mo. Date signed 9-24-45

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

NOV 2 1945

RECEIVED

District Health Officer No. 10

District File Number 10-45-1527

Date Filed OCT 16 1945

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. 2582

P. O. Address.....

Quincy Mo

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.