V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32533

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2110

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (In this place): 37 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 29
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Everton 9
d. STREET ADDRESS (If rural, give location): Route #2 1

3. NAME OF DECEASED (Type or Print): a. (First) AUSTIN b. (Middle) G. c. (Last) FUGITT
4. DATE OF DEATH (Month) (Day) (Year): 9/3/49
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/16/97
9. AGE (In years last birthday): 52 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: agriculture
11. BIRTHPLACE (State or foreign country): Christian Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Frank Fugitt
13b. MOTHER'S MAIDEN NAME: Anna Williams
14. NAME OF HUSBAND OR WIFE: Thetta Fugitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WORLD I
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT'S SIGNATURE OR NAME: EUGENE F. NOLAN, REGISTRAR — ADDRESS: VET. ADM. HOSP. JEFF. BRKS. MO.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Neoplasm, Type unknown — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 237X — 237X

19a. DATE OF OPERATION: 9-2-49
19b. MAJOR FINDINGS OF OPERATION: Tumor mass in right frontal region - necrotic
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/29 *19*49, *to* 9/3/ *19*49, *that I last saw the deceased alive on* 9/3/ *19*49, *and that death occurred at* 6:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. W. Bussmann (Degree or title) M. D.
23b. ADDRESS: V.A. HOSP. JEFF. BRKS., MO.
23c. DATE SIGNED: 9-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 9-4-49
24c. NAME OF CEMETERY OR CREMATORY: SPRINGFIELD Mo
24d. LOCATION (City, town, or county) (State): SPRING FIELD Mo

DATE REC'D BY LOCAL REG.: 9-6-49
REGISTRAR'S SIGNATURE: Herbert R. Klonke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: C. HOFFMEISTER
ADDRESS: U & L CO. ST. LOUIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.