

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

8020

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5270 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" LINCOLN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" LINCOLN</u>	
c. LENGTH OF STAY (In this place) <u>55 YRS.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>REPUBLIC (ROUTE)</u>		d. STREET ADDRESS (If rural, give location) <u>REPUBLIC (ROUTE)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>ELLA</u> c. (Last) <u>FUGITT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 8 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>8-20-1877</u>		9. AGE (In years last birthday) <u>72</u>		10. F UNDER 1 YEAR Months <u>6</u> Days <u>16</u>	
11. BIRTHPLACE (State or foreign country) <u>CHRISTIAN CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		

13a. FATHER'S NAME <u>JOHN R. DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY RUBY</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES W. FUGITT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.W. FUGITT REPUBLIC, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Dec 18-49</u> <u>to</u> <u>MARCH 8-50</u>	
		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.		<u>331X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec 18, 1949, to March 8, 1950, that I last saw the deceased alive on March 8, 1950, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert B. Mitchell M.D.</u>		23b. ADDRESS <u>Republic Mo</u>		23c. DATE SIGNED <u>3-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-12-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WISE HILL</u>	
24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Harris</u>		ADDRESS <u>Claver, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-12-1950</u>		REGISTRAR'S SIGNATURE <u>Alvin Deier</u>		60	

(Licensed Embalmer's Statement on Reverse Side)

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

0220

RECEIVED MAR 24 1950  
District Health Office No. 6,  
District File Number 350-362  
Date Filed 3-24-50

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.