

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1394

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY OR TOWN Independence		c. CITY OR TOWN Kansas City Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS 1008 Agnes	

3. NAME OF DECEASED (Type or Print)	a. (First) MARTHA	b. (Middle) ELIZABETH FUGATE	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan-21-1951
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5. SEX fe	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar	8. DATE OF BIRTH Apr-10-1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 1 Wk. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Mays	13b. MOTHER'S MAIDEN NAME Tabitha Jessee	14. NAME OF HUSBAND OR WIFE Dent K.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Isaac W. Fugate	ADDRESS 1008 Agnes
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of Cerebral artery		24 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis Way does become penetration DUE TO (c) General Arteriosclerosis		10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senescence		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 19, 1951**, to **Jan 21, 1951**, that I last saw the deceased alive on **Jan 20, 1951**, and that death occurred at **2:25 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Allen M.D.	23b. ADDRESS Independence, Mo	23c. DATE SIGNED Jan 22/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-23-1951	24c. NAME OF CEMETERY OR CREMATOR Floral Hills	24d. LOCATION (City, town, or county) (State) Kansas City Mo
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DATE REC'D BY LOCAL REG. Jan 22 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son, Inc	ADDRESS Kansas City Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 31 RECD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Bert B. Bennett

Signed.....

Student Embalmer

Licensed Embalmer No. 4656

P. O. Address Kansas City

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.