

FEB 01 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34043

State File No. _____
Registrar's No. 465

BIRTH NO. _____ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY <u>Wasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Toplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carl Junction, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural give location) <u>504 S. Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. John's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>TINA</u> b. (Middle) <u>ETHEL</u> c. (Last) <u>FUGITT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 8, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>OCT. 22, 1894</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 6 WKS. Days <u>16</u>	IF UNDER 1 HR. Hours <u>16</u>	IF UNDER 15 MIN. Min. <u>16</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shirt Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J.M. BOOTS</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Crandall</u>	14. NAME OF HUSBAND OR WIFE <u>G.B. FUGITT (dec)</u>
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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>500-01472</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lois Shoemaker, Carl Jct. Mo.</u>	ADDRESS <u>Carl Jct. Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis, Chronic</u> <u>20 yrs.</u> DUE TO (c) <u>Acc. precipitated by Gall bladder removal.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>		- ?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>?</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.) <u>?</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 10-3, 19 51, to 10-8, 19 51, that I last saw the deceased alive on 10-8, 19 51, and that death occurred at 5:40 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Lois Shoemaker</u> (Degree of title)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-11-51</u>	REGISTRAR'S SIGNATURE <u>Ed. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Roney, Carl Jct. Mo.</u>	ADDRESS <u>Carl Jct. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 10-15-51
Jasper County Health Office

County File Number 51/10/285--
Date Filed 10-15-51

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 myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Rayton M. Johnston

Licensed Embalmer No.

4304

P. O. Address

Webb City, 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.