

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20273

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>4219</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weaubleau</u>		c. LENGTH OF STAY (in this place) <u>37 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weaubleau</u>		<u>0430</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N.W. Weaubleau</u>				d. STREET ADDRESS (If rural, give location) <u>N.W. Weaubleau</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) <u>Benjamin</u>		c. (Last) <u>Fugate</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>10</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 19-1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milling grain</u>		11. BIRTHPLACE (State or foreign country) <u>Hickory County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>B.F. Fugate</u>		13b. MOTHER'S MAIDEN NAME <u>Celia Fletcher</u>		14. NAME OF HUSBAND OR WIFE <u>Sadie Fugate</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sadie Fugate - Weaubleau, Mo</u> ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Essential Hypertension</u> III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> 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 <u>July 10, 1952</u> to <u>July 10, 1952</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. R. Easton</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Weaubleau, Mo</u>		23c. DATE SIGNED <u>July 11, 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowers Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>WBRANA, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-12-52</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gilbert Hathaway - Wheatland, Mo</u>			

