

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18588**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2009** Registrar's No. **600**

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

1. PLACE OF DEATH a. COUNTY <i>Greene</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Wright</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Springfield</i>		c. CITY OR TOWN <i>Mansfield</i>	
c. LENGTH OF STAY (in this place) <i>12 Feb.</i>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Spald Baptist</i>		STREET ADDRESS (If rural, give location) <i>1140</i>	
3. NAME OF DECEASED a. (First) <i>Minnie</i>		b. (Middle) _____ c. (Last) <i>Fuge</i>	
(Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <i>6-23-54</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 8, 1896</i>
9. AGE (In years last birthday) <i>57</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Wright County, Mo.</i>
10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Mr. E. Deane</i>		13b. MOTHER'S MAIDEN NAME <i>Mattie Gray</i>	
14. NAME OF HUSBAND OR WIFE <i>Elmer Fuge</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Elmer Fuge</i>	
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) <i>Carcinoma of Ovary</i> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>175-X</i>	
20. AUTOPSY? YES <input checked="" 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) m.		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 <i>Feb</i> , 19 <i>54</i> , to <i>June 23</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>June 23</i> , 1954, and that death occurred at <i>6:30 pm.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>James T. Good</i>		23b. ADDRESS <i>Springfield, Mo.</i>	
(Degree or title)		23c. DATE SIGNED <i>6-25-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>6-26-54</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Mansfield</i>		24d. LOCATION (City, town, or county) (State) <i>Mansfield, Mo.</i>	
DATE REC'D BY LOCAL REG <i>6-25-54</i>		REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Kelley Knell</i>		ADDRESS <i>Bryman Mansfield, Mo.</i>	

AUG 22 1956

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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.....  
Signature of Student Embalmer

Signed *Lewis G. Schaff*.....

Licensed Embalmer No. *380*.....

P. O. Address *Springfield*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.