

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15305

BIRTH NO.		REG. DIST. NO. 382	PRIMARY REG. DIST. NO. 5545	Registrar's No. 21
1. PLACE OF DEATH a. COUNTY <i>Howard</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howard</i>		
b. CITY (If outside corporate limits, write RURAL, and give town) <i>Rural Charter Township</i>		c. LENGTH OF STAY (In this place) <i>Life</i>		c. CITY OR TOWN <i>Glasgow</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>6 mi northeast Glasgow</i>		e. STREET ADDRESS (If rural, give location) <i>Rural, 6 mi northeast Glasgow</i>		
3. NAME OF DECEASED (Type or Print) <i>John HENRY FUEMMELE</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 9, 1955</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 16 1886</i>	9. AGE (In years, if under 1 year last birthday) (Months) (Days) <i>68</i>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>		11. BIRTHPLACE (City and State) or Foreign Country <i>Glasgow Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				
13a. FATHER'S NAME <i>Joseph Fuemmeler</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Holt Fuemmeler</i>		14. NAME OF HUSBAND OR WIFE <i>Louise Holt Fuemmeler</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Charles Fuemmeler</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>TRANSITION + DEBILITATION</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>CARCINOMATOSIS</i> DUE TO (c) <i>Primary Carcinoma of Lung</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>COMPLETE BOWEL OBSTRUCTION</i>		
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) <i>162 x</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>December, 1948</i> , to <i>May 9, 1955</i> , that I last saw the deceased alive on <i>May 6, 1955</i> , and that death occurred at <i>8:45 a.m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>J.C. Hambro</i>		23b. ADDRESS <i>No. Glasgow Mo</i>		23c. DATE SIGNED <i>5-10-55</i>
24a. DATE REC'D BY LOCAL REG. <i>5-10-55</i>		24b. DATE <i>May 11, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington</i>
24d. REGISTRAR'S SIGNATURE <i>Walker Audley</i>		24e. LOCATION (City, town, or county) (State) <i>Glasgow Mo.</i>		24f. FUNERAL DIRECTOR'S SIGNATURE <i>Audley Audley</i>
24g. ADDRESS <i>410</i>		24h. ADDRESS <i>Wichita</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

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

Signature *W. L. Greenmouth*

Licensed Embalmer No. *39*

P. O. Address *Glasgow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.