

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36014**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1260**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Joseph</b> TOWN		c. LENGTH OF STAY (In this place) <b>Week</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Methodist Hospital (Missouri)</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR <b>Weatherby</b> TOWN	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jessie</b> b. (Middle) <b>Loyd</b> c. (Last) <b>Fuston</b>		4. DATE OF DEATH (Month) <b>11</b> - (Day) <b>27</b> - (Year) <b>55</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-13-1888</b>
9. AGE (In years last birthday) <b>67</b>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George Fuston</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy Lyle</b>		14. NAME OF HUSBAND OR WIFE <b>Maude Fuston</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-38-9149</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Maude Fuston</b>		ADDRESS <b>Weatherby Mo.</b>	
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) <b>Cerebral Damage &amp; Terminal Pneumonia</b>		<b>11-22-55</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cerebral Concussion</b>	
DUE TO (c) <b>Fract Ribs - Fract Sternum Fract Clavicles</b>			
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, or bldg., etc.) <b>Highway #36</b>	
21c. (CITY, TOWN, OR TOWNSHIP) <b>Buchanan County</b> (COUNTY) <b>Mo.</b> (STATE)			
21d. TIME OF INJURY (Month) <b>11</b> (Day) <b>22</b> (Year) <b>55</b> (Hour) <b>7: P</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Auto Accident</b>			
22. I hereby certify that I attended the deceased from <b>11-22</b> , 19 <b>55</b> , to <b>11-27</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>11-27</b> , 19 <b>55</b> , and that death occurred at <b>1:50 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert H. Kieber, M.D.</b> (Degree or title)		23b. ADDRESS <b>St. Joseph, Mo</b>	
23c. DATE SIGNED <b>11-28-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-30-55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Shambaugh</b>		24d. LOCATION (City, town, or county) (State) <b>Weatherby Mo</b>	
DATE REC'D BY LOCAL REG. <b>Dec 1, 1955</b>		REGISTRAR'S SIGNATURE <b>Loather M. Allison</b> ADDRESS <b>Maysville Mo</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>John Brown</b>		ADDRESS <b>Maysville Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1958

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 .....  
Student Embalmer

Signed John Brown  
Licensed Embalmer No. 3933  
P. O. Address Maysville 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.