

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1955

State File No. **36844**
Registrar's No. **4941**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 34 YRS		e. STREET ADDRESS (If rural, give location) 18 1008 AGNES	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1008 AGNES			

3. NAME OF DECEASED (Type or Print) a. (First) DENT b. (Middle) KING c. (Last) FUGATE			4. DATE OF DEATH (Month) (Day) (Year) NOV. 13, 1955		
5. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, 1. WIDOWED 2. DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 9, 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR: Months - Days -
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (City and State or Foreign Country) RUSSELL CO. VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ISAAC BEVERLY FUGATE		13b. MOTHER'S MAIDEN NAME JANE JESSE		14. NAME OF HUSBAND OR WIFE MARTHA E. FUGATE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO		16. SOCIAL SECURITY NO. *****		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ISAAC W. FUGATE 1008 AGNES	

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 45
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis generalized		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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) (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 **2-23, 1955** to **11-13, 1955**, that I last saw the deceased alive on **10-4, 1955**, and that death occurred at **5:40 am.**, from the causes and on the date stated above.

23a. SIGNATURE J. M. Haight MD (Degree or title)		23b. ADDRESS 3401 E 12th KC. Mo		23c. DATE SIGNED 11-14-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 15, 1955		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. Blackman & Son Inc. K.C. Mo			
DATE REC'D BY LOCAL REG. 11-15-55		REGISTRAR'S SIGNATURE neva marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. Blackman & Son Inc. K.C. Mo	

(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

Signed..... *W.C. Quinn*

Licensed Embalmer No. *48*

P. O. Address *N.C. 27*

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.