

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1836

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>	c. LENGTH OF STAY (in this place) <u>1 hr, 15 min.</u>	c. CITY OR TOWN <u>Marionville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Aurora Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Washington</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elizabeth</u>	b. (Middle) <u>Catherine</u>	c. (Last) <u>Fugitt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 16, 1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>19</u>	IF UNDER 4 HRS. Hours <u>19</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Stone County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>George Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Henderson</u>	14. NAME OF HUSBAND OR WIFE <u>Newton J. Fugitt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Laura Marshall, Marionville, Mo</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Reheval Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 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 _____, 1955 to Jan 4, 1956, that I last saw the deceased alive on Dec 10, 1955 and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. P. Cayton</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Aurora, Mo.</u>	23c. DATE SIGNED <u>1-5-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 7, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stone Co. Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 6-1956</u>	REGISTRAR'S SIGNATURE <u>Ora McNett</u> 157	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Burridge</u> ADDRESS <u>Marionville, Mo.</u>
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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 Erwin R. Russell

Licensed Embalmer No. 4929

P. O. Address: ARORA, ILL.

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.