

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001297

STATE FILE NUMBER

FILED FEB 5 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 311

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Length of stay in 1b 12 YEARS	d. STREET ADDRESS (If outside, give location) 616 E 8th
3. NAME OF DECEASED (Type or print) First Middle Last GLADYS ERMA Fuqua			4. DATE OF DEATH Month Day Year 1 16 59
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 20. 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		10b. KIND OF BUSINESS OR INDUSTRY STRATFORD APARTMENTS	11. BIRTHPLACE (City and state or country) NEVADA, MISSOURI
13a. FATHER'S NAME ROBERT HUNT		13b. MOTHER'S MAIDEN NAME PEARL SINCLAIR	14. NAME OF HUSBAND OR WIFE EVERETT FUQUA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 572-20-0598	17. INFORMANT Address MRS. RUTH BRICKER 905 TROST AVENUE, KANSAS CITY, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Broncho pneumonia IMMEDIATE CAUSE (a) hepatic abscess with perforation and acute peritonitis DUE TO (b) cholecystitis with cholelithiasis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-3-59 to 1-16-59 and last saw her alive on 1-16-59 Death occurred at 7:55 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Abraham Gelper	
22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 1-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 17-1959	23c. NAME OF CEMETERY OR CREMATORY NEWTON CEMETERY	23d. LOCATION (City, town, or county) (State) NEVADA MISSOURI
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMERS SONS 1331 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 1-17-59	26. REGISTRAR'S SIGNATURE Neva Marshall

All diseases in Part I must be causally related.

Abraham Gelperin USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Chester K. Brice*

Licensed Embalmer No. *493*
P. O. Address *K E Wk*

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.