Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006070
STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY JASPER b. CITY OR TOWN JOPLIN — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION MADDOX REST HOME 23RD & GRAND — Length of stay in 1b 40 YRS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER c. CITY OR TOWN JOPLIN 0495 — Inside Limits Yes [X] No [ ] d. STREET ADDRESS 831 WALL ST. (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First IVA Middle BELL Last FUGITT

4. DATE OF DEATH Month FEBRUARY Day 22 Year 1959

5. SEX F 1

6. COLOR OR RACE W

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Dec. 12, 1872

9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SEAMSTRESS

10b. KIND OF BUSINESS OR INDUSTRY SEWING

11. BIRTHPLACE (City and state or country) GEORGIA CITY, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM J. FUGITT

13b. MOTHER'S MAIDEN NAME JEMIMA GATES

14. NAME OF HUSBAND OR WIFE -------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT MRS. FAYE CARMICHAEL, Address 221 W. 36TH ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Auricular Fibrillation & Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis - generalized

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4331

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 2, 1959, to Feb 22, 1959 and last saw her alive on Feb 20-1959. Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) C

22b. ADDRESS 2125 Jackson, Joplin, Missouri

22c. DATE SIGNED 2/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 2-25-59

23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,

23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO.

25. DATE RECD. BY LOCAL REG. 3-4-1959

26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.