

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029649

FILED VS SEP 9 1959 / 72

Registration District No. Primary Registration District No. 4273 Registrar's No. 69

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>LAFAYETTE</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CONCORDIA</b>		Length of stay in 1b <b>31 YRS</b>		c. CITY OR TOWN <b>CONCORDIA</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>312 ORANGE ST</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>312 ORANGE ST</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>SOPHIA</b> Middle <b>ANNA</b> Last <b>FUCHS</b>				4. DATE OF DEATH Month <b>Aug</b> Day <b>29</b> Year <b>1959</b>									
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/28/1876</b>		9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED HOUSEWIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and state or country) <b>EMMA, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>HENRY PAPE</b>				13b. MOTHER'S MAIDEN NAME <b>ANNA DANVERS</b>				14. NAME OF HUSBAND OR WIFE <b>JOHN C. FUCHS DECEASED</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>NO</b>		17. INFORMANT Address <b>MRS ROSE CORDES CONCORDIA, MO</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Apoplexy</b> <b>Hypertension</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>—</b> DUE TO (c) <b>—</b>										INTERVAL BETWEEN ONSET AND DEATH <b>—</b> <b>—</b> <b>—</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>—</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>—</b>									
20c. TIME OF INJURY Hour <b>—</b> Month, Day, Year <b>—</b> a.m. <b>—</b> p.m. <b>—</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>7/1/55</b>		20f. CITY, TOWN, OR LOCATION <b>CONCORDIA, MO.</b>		COUNTY <b>MO.</b>		STATE <b>MO.</b>			
21. I attended the deceased from <b>6:45 p.m.</b> to <b>8/29/59</b> and last saw her <b>8/29/59</b> alive on <b>8/29/59</b> . Death occurred at <b>6:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
21a. SIGNATURE (Degree or title) <b>Edmund L. Swack M.D.</b>					21b. ADDRESS <b>Concordia, Mo.</b>			21c. DATE SIGNED <b>8/31/59</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/2/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>ST. PAUL'S</b>			23d. LOCATION (City, town, or county) <b>CONCORDIA MO.</b>			(State)			
24. FUNERAL DIRECTOR <b>E. S. James</b>				ADDRESS <b>Concordia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Sept. 2, 59</b>		26. REGISTRAR'S SIGNATURE <b>Lottie Dordon Jordan</b>					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia

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.