

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034963

FILED VS OCT 7 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 205

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Vernon		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		a. STATE Missouri		b. COUNTY Vernon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 728 E. Hickory		Length of stay in 1b 1 yr 8 mos.		c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 728 E. Hickory		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Lova		Middle May		Last Fugate		Month Day Year October 1, 1959	
5. SEX F	6. COLOR OR RACE wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-23-15	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Buffalo, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William Alexander Howe			13b. MOTHER'S MAIDEN NAME Sarah Flora Stover		14. NAME OF HUSBAND OR WIFE James Hadley Fugate		
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. none		17. INFORMANT Address James Hadley Fugate, Nevada, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Malignant pituitary tumor with metastasis						6 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from never attended, to and last saw her alive on Death occurred at 4:45 p. m. Oct. 1, 1959 on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Anna E. Jerry - Local Registrar				22b. ADDRESS Nevada, Missouri		22c. DATE SIGNED 10-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Bowers Chapel Cemetery		23d. LOCATION (City, town, or county) Urbana, Missouri		(State)	
24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Missouri			25. DATE RECD. BY LOCAL REG. 10-3-1959		26. REGISTRAR'S SIGNATURE Anna E. Jerry		

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 me  
or by Douglas Griswold, Student Embalmer No. 595  
working under my personal supervision.

Student Douglas Griswold  
Signature of Student Embalmer

Signed L. August Jones

Licensed Embalmer No. 4960

P. O. Address Nevada, 7

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.