

FILED FEB 26 1949

STANDARD CERTIFICATE OF DEATH

5645
State File No. 44

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>44</u>			
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>91 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		d. STREET ADDRESS (If rural, give location) <u>536 West Fourth</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>536 West Fourth</u>				d. STREET ADDRESS <u>536 West Fourth</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u>			b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>FUGUA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 13 49</u>		
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>9/18/57</u>		9. AGE (In years last birthday) <u>91</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
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 <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryville, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jefferson Rimel</u>			13b. MOTHER'S MAIDEN NAME <u>Rena Saunders</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph T. Fugua</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Arletta Holt, Maryville, Mo.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypostatic pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis & hypertension</u> DUE TO (c) <u>senility</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>breast ovarian tumor (cyst)</u>							
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Maryville</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Jan. 24</u> , 19 <u>49</u> , to <u>Feb. 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb. 12</u> , 19 <u>49</u> , and that death occurred at <u>12:15 AM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. R. Jackson</u> M. D. U				23b. ADDRESS <u>Maryville, Missouri</u>			23c. DATE SIGNED <u>2/14/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah</u>		24d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-19-49</u>		REGISTRAR'S SIGNATURE <u>Beas Holt</u>			25. FEDERAL DIRECTOR'S SIGNATURE <u>Clay M. Price</u>		ADDRESS <u>Maryville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville, 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 this body is not embalmed, fact should be so stated above.