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FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15660

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5523 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pittsburg (Green)
c. LENGTH OF STAY (in this place): 56 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi. S.W. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pittsburg (Rural - Green)
d. STREET ADDRESS (If rural, give location): 0 1 mi S. West 43

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Augusta
c. (Last): Fugate

4. DATE OF DEATH (Month) (Day) (Year): May - 5 - 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 21 - 1867
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 9, Days 14 — IF UNDER 24 HRS.: 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: Farm Housewife
11. BIRTHPLACE (State or foreign country): Stockholm Sweeden 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Johnson
13b. MOTHER'S MAIDEN NAME: Christiana Johnson
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs H. E. Kelley - Springfield, Mo — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Right Breast — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility — 170X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Green Township Hickory, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10 P m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. C. Bugg P.D.O. (Degree or title) Coroner
23b. ADDRESS: Wheatland, Mo
23c. DATE SIGNED: 5-6-1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-8-49
24c. NAME OF CEMETERY OR CREMATORY: Antioch Cemetery
24d. LOCATION (City, town, or county) (State): Pittsburg, Mo

DATE REC'D BY LOCAL REG.: May 12-1949
REGISTRAR'S SIGNATURE: W. P. Hargiss 121 0
25. FUNERAL DIRECTOR'S SIGNATURE: Gilbert Hathaway — ADDRESS: Wheatland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 4-49-5
Date Filed 5-17-4

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.

Signed Chas Gilbert Hathaway

Signed .....
Student Embalmer

Licensed Embalmer No. 4267

P. O. Address Wheatland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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