

STANDARD CERTIFICATE OF DEATH

42238

State File No. \_\_\_\_\_

FILED JAN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 129

1. PLACE OF DEATH  
 a. COUNTY Macon  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brewer  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Mo b. COUNTY Macon  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brewer 0640  
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED  
 a. (First) James b. (Middle) Theodore c. (Last) Fugate

4. DATE OF DEATH (Month) (Day) (Year)  
12-18-51

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH  
2-8-64

9. AGE (In years last birthday) 87  
 # UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
 # UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during years of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Macon Co Mo

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
Larkin Fugate

13b. MOTHER'S MAIDEN NAME  
Charlotte Shoemaker

14. NAME OF HUSBAND OR WIFE  
Rosie Fugate

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

16. SOCIAL SECURITY NO.  
 \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Omer Fugate Brewer Mo

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) Congestive Heart Failure  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Cerebral Apoplexy  
 DUE TO (c) Hypertension & Arteriosclerosis  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
7 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
331X

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)  
Brewer Macon, 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 12-11-1951, to 12-18-1951, that I last saw the deceased alive on 12-18-1951, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Gordon J. Ennis, D.O.

23b. ADDRESS  
Brewer, Mo.

23c. DATE SIGNED  
12-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE  
12-23-51

24c. NAME OF CEMETERY OR CREMATORY  
Union Cemetery

24d. LOCATION (City, town, or county) (State)  
Brewer Mo

DATE REC'D BY LOCAL REG.  
12-22-51

REGISTRAR'S SIGNATURE  
Josephine King

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
W. G. Edwards Brewer Mo

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

RECEIVED 1.4.52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 157.1  
Date Filed 1.8.52

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

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed James P. Davis

Licensed Embalmer No. 4478

P. O. Address Bevier, Miss.

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.