

STANDARD CERTIFICATE OF DEATH

State File No. 24773
Registrar's No. 26

FILED JUL 22 1952
REG. DIST. NO. 154

PRIMARY REG. DIST. NO. 5575

0489

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY <i>Washington</i> OR TOWN <i>KANSAS CITY</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>048</i> OR TOWN <i>Kansas City Rural</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>9000 HOLMES STREET</i>		d. STREET ADDRESS (If rural, give location) <i>9000 HOLMES STREET 0</i>	
3. NAME OF DECEASED a. (First) DAVID b. (Middle) PARK c. (Last) FUQUA		4. DATE OF DEATH (Month) (Day) (Year) JULY-1-1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG-17-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	9. AGE (In years last birthday) 62
11. BIRTHPLACE (State or foreign country) OSCEOLA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DAVID FUQUA		13b. MOTHER'S MAIDEN NAME ELLA ANNA Gordon	
14. NAME OF HUSBAND OR WIFE MRS. CHARICE FUQUA		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 497-24-9692		17. INFORMANT'S SIGNATURE OR NAME MRS. CHARICE FUQUA ADDRESS 9000 HOLMES ST.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stroke + Hemorrhage resulting from</i> ANTECEDENT CAUSES <i>Gun shot wound through neck</i> 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. <i>Carcinoma of urinary bladder</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>E976H</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE <i>suicide</i>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Jackson MO</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>7-1-52 9:52 am</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>Shot himself</i>		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 <i>9:55 A. m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Dr. C. Beatty, Jr. Deputy Coroner</i> (Degree or title)		23b. ADDRESS <i>4050 Broadway Bldg</i>	
23c. DATE SIGNED <i>7-1-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE <i>JULY 3 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MT. MORIAH CEMETERY</i>	
24d. LOCATION (City, town, or county) (State) <i>KANSAS CITY MISSOURI</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Newcomer</i> ADDRESS <i>1331 BRUSH CREEK KANSAS CITY MO.</i>	
DATE REC'D BY LOCAL REG. <i>7/6/52</i>		REGISTRAR'S SIGNATURE <i>Dr. Annie Hedges</i>	

MAR 6 1953

JAN 13 1953

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 Charles H. Stikner

Signed.....
Student Embalmer

Licensed Embalmer No. 4560

P. O. Address KC. 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.