

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34679

State File No. _____

FILED NOV 3 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 968

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 3 years		d. STREET ADDRESS (If rural, give location) 1207 North Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) WAYNE	c. (Last) FUSON	4. DATE OF DEATH (Month) (Day) (Year) October 27 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 31, 1861	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret insurance Agent	10b. KIND OF BUSINESS OR INDUSTRY Life Insurance Co.	11. BIRTHPLACE (City and State or Foreign Country) Wayne County, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Fuson	13b. MOTHER'S MAIDEN NAME Sofina Colleghe	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James W Fuson, Detroit, Michigan
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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		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized arterio-sclerosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>(chronological changes - general)</i> DUE TO (c) <i>Arteriosclerotic Ht. disease</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Paralysis of 4 toes</i>		19. DATE OF OPERATION 11 20 00	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1940, 19, to 10/27, 1952, that I last saw the deceased alive on 10/27, 1952, and that death occurred at 8:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. Callaway MD</i> (Degree or title)	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 10/28/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Oct 30, 1952	24c. NAME OF CEMETERY OR CREMATORY Seymour Cemetery	24d. LOCATION (City, town, or county) (State) Seymour, Missouri
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DATE REC'D BY LOCAL REG. 10-29-52	REGISTRAR'S SIGNATURE <i>Edith Williamson Registrar</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alma Schmeyer, Springfield, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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Proof 03

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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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, 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.