

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29615

State File No.

FILED AUG 19 1953

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 92

1. PLACE OF DEATH
 a. COUNTY PULASKI
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION In City of Richland

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
 a. STATE Missouri b. COUNTY PULASKI
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland 0850
 d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
 a. (First) John b. (Middle) G c. (Last) FARGUER
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) Aug 7, 1953
 5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH Nov. 14 - 1880 9. AGE (In years) (Months) (Days) (Hours) (Min.) 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Building 11. BIRTHPLACE (State or foreign country) ATI G I A Z E 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME T. S. FARGUER 13b. MOTHER'S MAIDEN NAME ANNA WALKER 14. NAME OF HUSBAND OR WIFE Lula M. FARGUER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 487-18-6667 17. INFORMANT'S SIGNATURE OR NAME Lula M. Farguer ADDRESS Richland

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac failure
coronary occlusion
 ANTECEDENT CAUSES arteriosclerotic heart disease
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) cardiac failure
 DUE TO (c) arteriosclerotic heart disease
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
cerebral hemorrhage
3 weeks previous
 (INTERVAL BETWEEN ONSET AND DEATH)
3 weeks
over 3 weeks

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4200 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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Aug 6, 1953, to Aug 6, 1953, that I last saw the deceased alive on Aug 6, 1953 and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Mussen M.D. (Degree or title) 23b. ADDRESS Waynesville, Mo. 23c. DATE SIGNED Aug 9 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/10/53 24c. NAME OF CEMETERY OR CREMATORY Rak Lawn 24d. LOCATION (City, town, or county) (State) Richland Mo.

DATE REC'D BY LOCAL REG. 8-10-53 REGISTRAR'S SIGNATURE Pauline Anderson 458 25. FUNERAL DIRECTOR'S SIGNATURE Pauline Anderson ADDRESS Richland

(Licensed Embalmer's Statement on Reverse Side)

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

850
1

Date Filed 8-15-53
File Number _____
Pulaski County Health Officer
RECEIVED 8-18-53

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 Ewell C. Craig

Signed.....
Student Embalmer

Licensed Embalmer No. 4776

P. O. Address Richland

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.