

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39048**  
**5388**

FILED DEC 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Mission</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1-DAY</u>		e. STREET ADDRESS (If rural, give location) <u>5511 Roe Boulevard</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LONNIE</u>	b. (Middle) <u>MYRL</u>	c. (Last) <u>FUGIT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 11, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>AUG-3-1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Claim Agent</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HEALZER Cartage Company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MERCIER COUNTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JESSIE B. FUGIT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY PITTMAN</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. MAEL FUGIT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>511-05-2862</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. MAEL FUGIT</u>	ADDRESS <u>5511 ROE BLVD. KANSAS</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DISSECTING &amp; RUPTURED</u>		ANUEURSISM		<u>3 hrs</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) <u>ARTERIOSCLEROSIS</u>		10Y1'S		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		<u>451X</u>
Conditions contributing to the death but not related to the disease or condition causing death.				

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)	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 JAN, 1953, to 11.11, 1953, that I last saw the deceased alive on 11.11, 1953 and that death occurred at 7:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Schulte MD</u> (Degree or title)	23b. ADDRESS <u>5018 Linden Mission KANSAS</u>	23c. DATE SIGNED <u>11.12.53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 15-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JOHNSON COUNTY MEM. GARDENS S.W. OVERLAND PARK KANSAS</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>11-14-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Neumann</u>	ADDRESS <u>5440 JOHNSON DRIVE MISSION, KANSAS</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4942

P. O. Address KC 10 M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.