

FILED SEP 8 1954

STANDARD CERTIFICATE OF DEATH

State File No. 69BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>Gladstone</u>		c. CITY OR TOWN <u>Gladstone</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 YEAR</u>		e. STREET ADDRESS (If rural, give location) <u>Rt Delmar St. 6000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R#2 Delmar St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LNA</u> b. (Middle) <u>Blanche</u> c. (Last) <u>Delisle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5 1954</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 5, 1886</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage Mo</u>
12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>George W. Fugitt</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph A. Delisle</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Delisle (Son)</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro Vascula Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Month</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	
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>	
		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH <u>Year</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 type="checkbox"/>
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) <u>231X</u>
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? _____
22. I hereby certify that I attended the deceased from _____, 19 <u>51</u> , to <u>4 Sept</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4 Sept</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1808 P. Fugitt Ave North Kan. Ct. Mo</u>	23c. DATE SIGNED <u>5 Sept 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Mem. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>
DATE REC'D BY LOCAL REG. <u>9-7-54</u>	REGISTRAR'S SIGNATURE <u>Marquarite Hudson</u>	494	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S</u> ADDRESS <u>Na. K.C. Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

10-48

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.....
John W. Kalsbach

Licensed Embalmer No. 494

P. O. Address No. Kansas

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.