

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31233**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **279**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Hannibal</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>St. Elizabeth Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>701 Birch</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>George W. Fuqua</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>September 6, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 6, 1863</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months <b>6</b> Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Ralls County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>John Fuqua</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Gordon</b>	14. NAME OF HUSBAND OR WIFE <b>Ida May Fuqua (deceased)</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Barney Fuqua</b>	ADDRESS <b>oakwood Missouri</b>
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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 <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterio-sclerotic heart disease</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <b>Urinary retention Prostatectomy</b>		<b>Sept 4-5</b>	

19a. DATE OF OPERATION <b>Sept 4-5</b>	19b. MAJOR FINDINGS OF OPERATION <b>Very large Prostate</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Aug 13, 1954**, to **Sept 6, 1954** that I last saw the deceased alive on **Sept 5, 1954**, and that death occurred at **5:15 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. Sanchez</b>	(Degree or title) <b>Sec. 0</b>	23b. ADDRESS <b>St. Andrew St</b>	23c. DATE SIGNED <b>Sept. 7-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/8/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-10-54</b>	REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke</b>	5. FUNERAL DIRECTOR'S SIGNATURE <b>W.C. Fisher</b>	ADDRESS <b>Hannibal Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 23 1954

RECEIVED

MISSOURI HEALTH DEPT.

DATE FILED SEP 23 1954

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 *H. Crawford Smith*.....

Licensed Embalmer No..3814.....

P. O. Address..Hannibal.Missouri

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.