

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15718**

FILED JUN 15 1955

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5573** Registrar's No. **104**

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bates City Rural Sni | | c. CITY OR TOWN Bates City | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 5 1/2 | | • STREET ADDRESS (If rural, give location) # 1/2 Miles South West 7000 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 33 1/2 Miles South West | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) May c. (Last) Fuqua | 4. DATE OF DEATH (Month) (Day) (Year) May 30 1955 |
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| 5. SEX FM | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 15 1883 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, area if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) Indiana | | 12. CITIZEN OF WHAT COUNTRY? usa | |

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| 13a. FATHER'S NAME Markus Brown | 13b. MOTHER'S MAIDEN NAME Nancy Prossnell | 14. NAME OF HUSBAND OR WIFE Lester Fuqua |
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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) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Lester Fuqua ADDRESS Bates City Mo R.R. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | 10 yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ | | 5 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION 1200 | 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 **1-4**, 19**55**, to **5-30**, 19**55**, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

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| 22a. SIGNATURE (Degree or title) John W. Williams MD | 23b. ADDRESS Oak Grove Mo | 23c. DATE SIGNED 6-1-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE April 9-55 | 24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery | 24d. LOCATION (City, town, or county) (State) Raytown Mo R.F.D. |
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| DATE REC'D BY LOCAL REG. 6-1-55 | REGISTRAR'S SIGNATURE M.B. Langford | 25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home Oak Grove Mo |
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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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JUN 21 1955

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.....

R B Webb

Licensed Embalmer No. 23

P. O. Address *Blue spr*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.