

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16307

BIRTH NO. 1190-55 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 111

|   |  |  |  |   |  |  |                              |   |  |
|---|--|--|--|---|--|--|------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>RANDOLPH</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>RANDOLPH</b> |  |  |                              |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MOBERLY</b>   |  | c. LENGTH OF STAY (in this place) <b>10 hrs 7 min</b>  |  | c. CITY OR TOWN <b>MOBERLY</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>08890</b> |                              |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MCCORMICK</b>  |  |  |  | e. STREET ADDRESS (If rural, give location) <b>MCCORMICK HOSPITAL</b>   |  |  |                              |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  |  | a. (First) <b>GARY</b>                         | b. (Middle) <b>MELVIN</b>   | c. (Last) <b>FUEMMELE</b>  | 4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 2, 1955</b>   |                              |   |  |
| 5. SEX <b>MALE</b>  |  | 6. COLOR OR RACE <b>WHITE</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>  |  | 8. DATE OF BIRTH <b>MAY 2, 1955</b>  |                              |   |  |
| 9. AGE (In years last birthday) <b>10</b>   |  | IF UNDER 1 YEAR Days <b>7</b>  |  | IF UNDER 2 HRS. Hours <b>10</b>   |  | Mins. <b>7</b>   |                              |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY              |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>MOBERLY MO</b> |  | 12. CITIZEN OF WHAT COUNTRY? |   |  |
| 13a. FATHER'S NAME <b>MELVIN FUEMMELE</b>   |  |  | 13b. MOTHER'S MAIDEN NAME <b>BARBARA BANGE</b> |   |  | 14. NAME OF HUSBAND OR WIFE <b>INFANT</b>  |                              |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   |  |  | 16. SOCIAL SECURITY NO.                        |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Melvin Fuemmeler Armstrong</b>  |  |                              | ADDRESS   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  |  |  | MEDICAL CERTIFICATION   |  |  |                              | INTERVAL BETWEEN ONSET AND DEATH <b>10 hr 7 min</b> |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>   |  |  |  | ANTECEDENT CAUSES   |  |  |                              | DUE TO (b) <b>Miscarriage</b>                       |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |  |  |  | DUE TO (c) <b>Placenta Previa</b>   |  |  |                              | DUE TO (d) <b>two days</b>                          |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  | 19a. DATE OF OPERATION  |  |  |                              | 19b. MAJOR FINDINGS OF OPERATION <b>7615</b>        |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)  |                              |   |  |
| 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 <b>May 2, 1955</b> , to <b>May 2, 1955</b> ; that I last saw the deceased alive on <b>May 2, 1955</b> and that death occurred at <b>11:15 P.M.</b> , from the causes and on the date stated above. |  |  |  |   |  |  |                              |   |  |
| 23a. SIGNATURE <b>with McCormick D.O.</b> (Degree or title)   |  |  |  | 23b. ADDRESS <b>300 1/2 W. Red Street, Moberly, Mo</b>  |  | 23c. DATE SIGNED <b>5-4-55</b>   |                              |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>MAY 3, 1955</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>GLASGOW MO</b>  |                              |   |  |
| DATE REC'D BY LOCAL REG. <b>5-4-55</b>  |  | REGISTRAR'S SIGNATURE <b>Dean W. Sore</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Andray - Arriemuth</b>  |  | ADDRESS <b>Glasgow mo</b>  |                              |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph Embalmers Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Ed Whimouth

Licensed Embalmer No. 397

P. O. Address Glasgow

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.