

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36845**
4868

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 002	Registrar's No. 4868
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY		
b. CITY (If outside corporate limits, write RURAL and give town(ship)) KANSAS CITY		c. CITY OR TOWN NO. KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		e. STREET ADDRESS (If rural, give location) 6003 E. 50TH. STREET		
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) FUQUA	c. (Last) FUQUA	
4. DATE OF DEATH (Month) (Day) (Year) NOV. 9. 1955		5. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		
6. COLOR OR RACE WHITE		7. MARRIED, NEVER-MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 24-1892
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REALTOR		
11. BIRTHPLACE (City and State or Foreign Country) TEXARKANA ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOE FUQUA		13b. MOTHER'S MAIDEN NAME MARY E. HULL		14. NAME OF HUSBAND OR WIFE MARY A. FUQUA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-12-2743		17. INFORMANT'S SIGNATURE OR NAME MARY A. FUQUA ADDRESS 6003 EAST 50TH ST. NO. K.C. MO.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of tongue		INTERVAL BETWEEN ONSET AND DEATH 1 year
		ANTECEDENT CAUSES Morbid 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.		141 1/2
19a. DATE OF OPERATION Mar. 1955		19b. MAJOR FINDINGS OF OPERATION Biopsy - grade III squamous cell carcinoma		20. AUTOPSY? YES <input checked="" 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)
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 Mar. 3, 1955 , to Nov. 9, 1955 , that I last saw the deceased alive on Sept 27, 1955 , and that death occurred at 7:10 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE Arthur B. Smith M.D. (Degree or title)		23b. ADDRESS 830 Maple Bldg. K.C. 6, Mo.		23c. DATE SIGNED 11-10-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 11. 1955		24c. NAME OF CEMETERY OR CREMATORIUM MT. MORIAH CEMETERY
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Willowmore's Sons ADDRESS 1324 SOUTH CREEK		
DATE REC'D BY LOCAL REG. 11-11-55		REGISTRAR'S SIGNATURE neva minahall		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Arthur B. Smith

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 B Lewis
Licensed Embalmer No. 48
P. O. Address KC MO

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.