

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40561

State File No. _____

5116

FILED DEC 28 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u>				b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 WEEKS</u>		c. CITY OR TOWN <u>OLATHE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>HOME, 2519 MONTGAVILL</u>				e. STREET ADDRESS (If rural, give location) <u>120 E. SANTA FE</u>				<u>8 W-8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>			b. (Middle) <u>-</u>			c. (Last) <u>FUEL</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 24, 1955</u>			5. SEX <u>3</u> <u>FEMALE</u>			6. COLOR OR RACE <u>COLORD</u>		7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>OCTOBER 15, 1876</u>			9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>		IF UNDER 2 HRS. Hours <u>1</u> Min. <u>15</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES DUNCAN</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH X</u>			14. NAME OF HUSBAND OR WIFE <u>WARREN FUEL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. EMMA WILSON, DAUGHTER, 2519 MONTGAVILL</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C. A. of Rectum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>154 X</u>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>11-6-</u> , 19 <u>55</u> , to <u>11-24-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-24-</u> , 19 <u>55</u> and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>X L. V. Miller</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1211 Paseo</u>		23c. DATE SIGNED <u>11-25-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>11/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLATHE CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OLATHE, JOHNSON CO. KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>11-25-55</u>		REGISTRAR'S SIGNATURE <u>Reva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JULIEN FUNERAL HOME</u>		ADDRESS <u>OLATHE, KANSAS</u>			
Chester J. Fleming									

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles L. Glavin*.....

Licensed Embalmer No. *45*.....

P. O. Address *Quincy*.....

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