

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1994

BIRTH NO.		REG. DIST. NO. 209	PRIMARY REG. DIST. NO. 3043	Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY OR TOWN Hannibal		c. CITY OR TOWN Hannibal		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 Levering Hospital		e. STREET ADDRESS (If rural, give location) 3525 Market St. 0640			
3. NAME OF DECEASED (Type or Print) a. (First) FLORA		b. (Middle) ALICE		c. (Last) FUQUA	
4. DATE OF DEATH (Month) (Day) (Year) I - 11 - 56		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 6, 1881		9. AGE (In years less birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Spencerburg, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Porter Spencer		13b. MOTHER'S MAIDEN NAME Susan Evelyn Cook	
14. NAME OF HUSBAND OR WIFE John 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. -----	
17. INFORMANT'S SIGNATURE OR NAME John Fuqua, 3525 Market, Hannibal, Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> <u>Heart disease</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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 Pneumonia Terminal, 48 hrs.		INTERVAL BETWEEN ONSET AND DEATH 8 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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) 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 9-17-48, to 1-11-56, 1956, that I last saw the deceased alive on 1-11-56, 1956, and that death occurred at 4:45 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS 100 N. Sixth, Hannibal Mo.		23c. DATE SIGNED 1-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-14-56		24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Pk. Hannibal, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jack Schwatz - Hannibal, Mo.			
DATE REC'D BY LOCAL REG. 1-14-56		REGISTRAR'S SIGNATURE 184-5 Dr. E.M. Lucke By W. C. Tucker			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 19 1956
MARION CO. HEALTH DEPT.
DATE FILED JAN 19 1956

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.....

Jack Schwartz
Licensed Embalmer No. 490

P. O. Address Hannibal

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.