

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5511

BIRTH NO. _____		REG. DIST. NO. 309		PRIMARY REG. DIST. NO. 3043		Registrar's No. 73		
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>FALLS</u>				
b. CITY OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (In this place) <u>12 hrs</u>		c. CITY OR TOWN <u>CENTER</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>Rt 1</u>				
3. NAME OF DECEASED (Type or Print) a) (First) <u>CARL</u> b) (Middle) <u>SYLVESTER</u> c) (Last) <u>FUDUA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-16-1957</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH		
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months Days		IF UNDER 15 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>FRANKFORD, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>EDWARD FUDUA</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA FLETCHER</u>			14. NAME OF HUSBAND OR WIFE <u>ALICE FUDUA</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mailey Fudua</u> ADDRESS <u>NEW LONDON, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>empyema of pneumonia</u>		DUPLICATE					1 week	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) <u>493X</u>				
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 <u>2-15-57</u> , 19 <u>57</u> , to <u>2-16-57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-16-57</u> , 19 <u>57</u> , and that death occurred at <u>8:00 am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R M Mailey MD</u> (Degree or title)				23b. ADDRESS <u>115 N. 5th St. Hannibal, Mo.</u>		23c. DATE SIGNED <u>2-18-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-19-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BARKLEY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>NEW LONDON, MO</u>		
DATE REC'D BY LOCAL REG. <u>2-25-57</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Luck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Fisher</u> ADDRESS <u>W. C. Fisher - Hannibal, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED MAR 1 1957  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 1 1957

OCT 8 1958

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 *Raymond C. Lewis* .....

Licensed Embalmer No. 4217 .....

P. O. Address *Terre Haute* .....

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.