

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9438

STATE FILE NUMBER

FILED APR 15 1957

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 15

Health,  
& Welfare  
Public  
Service

S. 300.  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>East Prairie,</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>East Prairie, Mo</u>		0671 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Length of stay in 15		d. STREET (If outside, give location) ADDRESS <u>104 Wilbur</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First <u>Samuel</u>		Middle <u>Percy</u>		Last <u>Fussell</u>		<u>March 23, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 26, 1909</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Theater Manager</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Moving picture</u>		11. BIRTHPLACE (City and state or country) <u>Scotts Hill, Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>J. C. Fussell, Sr.</u>				14. MOTHER'S MAIDEN NAME <u>Ada Jones</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.		17. INFORMANT Address <u>Mrs. Mable Fussell East Prairie, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lung Hemorrhage</u>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Pulmonary Tuberculosis</u>	DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Jan. 15, 1954</u> to <u>Mar. 23, 1957</u> and last saw <sup>her</sup> / <sub>him</sub> alive on <u>Mar. 23, 1957</u> Death occurred at <u>12:00 Noon</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u> Gordon Hemphill D.O.</u> (Degree or title)				22b. ADDRESS <u>East Prairie Mo.</u>		22c. DATE SIGNED <u>3-29-50</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/25/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>W.O.W.</u>		23d. LOCATION (City, town, or county) <u>East Prairie, Mo.</u>		(State)
24. FUNERAL DIRECTOR <u>Mc Mickle East Prairie, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>4-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Gertude G. Harper</u>		

RECEIVED  
Miss. Co. Health  
County File No. \_\_\_\_\_  
Date Filed 4-1

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 E. J. Henry  
Licensed Embalmer No. 469

P. O. Address Charleston

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.