

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

No. 300
10.48

FILED SEP 3 1957

State File No. **28835**

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY MONROE	
b. CITY OR TOWN PARIS	c. LENGTH OF STAY (in this place) 21 DA.	c. CITY OR TOWN PARIS	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 401 SMITH ST.		e. STREET ADDRESS (if rural, give location) 401 SMITH ST. 0690	

3. NAME OF DECEASED (Type or Print) a. (First) LARRY b. (Middle) DEAN c. (Last) FUGATE			4. DATE OF DEATH (Month) (Day) (Year) AUG. 31, 1957		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 10, 1957	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Days 21 IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) PARIS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ROBERT L. FUGATE		13b. MOTHER'S MAIDEN NAME ALBERTA L. PORTER		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ROBT. L. FUGATE, PARIS, MO ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation from Aspirated			INTERVAL BETWEEN ONSET AND DEATH Few Min.
		ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vomitus			
		DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9210			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 18		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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? 069	

22. I hereby certify that I attended the deceased from **Aug. 10, 1957**, to **Aug 31, 1957**, that I last saw the deceased alive on **Aug. 15, 1957**, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J.A. Barnett M.D. (Degree or title)		23b. ADDRESS Paris, Mo.		23c. DATE SIGNED 8-31-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-31-57		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	
24d. LOCATION (City, town, or county) (State) PARIS, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Speld & Blakey		ADDRESS PARIS, MISSOURI	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 8-31-57		REGISTRAR'S SIGNATURE J.A. Barnett M.D.			

(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, *not embalmed*

Student
Signature of Student Embalmer

Signed
[Signature]

Licensed Embalmer No.

P. O. Address
PARIS, MISSOURI

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.