No. 300
10-48

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30676

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 325

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Nursing Home #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN: Locust Hill community
d. Is Residence within limits of city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0520

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle): Marrion
c. (Last): Fugate

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1957

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 29 Oct 1869
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Yeovil, England
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Rev. Wm. R. Orchard
13b. MOTHER'S MAIDEN NAME: Vertie Lukins
14. NAME OF HUSBAND OR WIFE: James Fugate

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 ADDRESS: Mr. Leland Huling, Locust Hill, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia et Debilitation — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Encephalomalacia — years
DUE TO (c) Cerebral arteriosclerosis — unknown

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: 332X
20. AUTOPSY? YES ☐ 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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 16, 1956, *to* Sept 6, 1957, *that I last saw the deceased alive on* Sept. 6, 1957, *and that death occurred at* 6:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George H. Scheurer, D.O.
23b. ADDRESS: Kirksville
23c. DATE SIGNED: 9-7-57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10 Sept '57
24c. NAME OF CEMETERY OR CREMATORY: Locust Hill Cemetery
24d. LOCATION (City, town, or county) (State): Knox County, Mo

DATE REC'D BY LOCAL REG.: 9-12-1957
REGISTRAR'S SIGNATURE: Doris W. Ratliff
25. FUNERAL DIRECTOR'S SIGNATURE: A. G. Riemer
ADDRESS: Edina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

350

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

~~by me,~~ or by A. G. Rimer, Student Embalmer No. 54

working under my personal supervision.

Student A G Rimer
Signature of Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No 297

P. O. Address Edina

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