

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39021**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 425

1. PLACE OF DEATH a. COUNTY <u>Madair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>	c. CITY OR TOWN <u>Bvier</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.O.H. Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <u>0610</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ola</u> b. (Middle) <u>Jane</u> c. (Last) <u>Fugate</u>			4. DATE OF DEATH (Month) (Day), (Year) <u>11 30 57</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8 13 1901</u>	9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <u>Novinger, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Martin Cory</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Lawrence</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Fugate</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'S SIGNATURE OR NAME <u>Bevier, Mo.</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Arterio & Arterio</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Pneumonia & Pulmonary Capillary Hemorrhage</u> DUE TO (c) <u>Disseminated Purpura Erythematosa</u>		
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 <u>456X</u>		20. AUTOPSY? <u>2</u> 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26, 1957, to 11-30, 1957, that I last saw the deceased alive on 11-30, 1957, and that death occurred at 11:25pm., from the causes and on the date stated above.

23a. SIGNATURE <u>David W. Boone MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Kirksville Mo</u>	23c. DATE SIGNED <u>12-5-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-2-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bevier, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-10-1957</u>	REGISTRAR'S SIGNATURE <u>David W. Patton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Edwards</u>	ADDRESS <u>Bevier, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

537

OCT 24 1961

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 *J. G. Edwards*

Licensed Embalmer No. *1961*
P. O. Address *Berlin, Mo*

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.