

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014516

FILED VS. MAY 9 1960

62

5240

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp.		Length of stay in 1b 3 months		c. CITY OR TOWN Humansville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 miles S. W.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7 miles S. W.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Howard Middle Harold Last Fugate				4. DATE OF DEATH Month 4 Day 23 Year 60					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/15/12	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USAF retired			10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Bartlesville, Okla. U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Albert Fugate			13b. MOTHER'S MAIDEN NAME Stella Williams		14. NAME OF HUSBAND OR WIFE Alice M. Fugate				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way and dates of service) yes 1935-1960			16. SOCIAL SECURITY NO. 456-24-3079	17. INFORMANT Address Alice M. Fugate Humansville, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thromboses							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her/him alive on _____ Death occurred at 4:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) M.D. Edwin. Coronar Labor Co				22b. ADDRESS EP Dorate Springs, Mo			22c. DATE SIGNED 4-23-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/26/60	23c. NAME OF CEMETERY OR CREMATORY Alder Cemetery		23d. LOCATION (City, town, or county) Cedar County Missouri					
24. FUNERAL DIRECTOR Beckwith Funeral Home Humansville, Mo.				25. DATE RECD. BY LOCAL REG. April 25 1960		26. REGISTRAR'S SIGNATURE Mrs Geneva Cantlon			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 1 1960

V.S. MAY 9 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humanaville

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.