

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS SEP 20 1960**

**4518 -60-034750**  
 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JACKSON</u>	Length of stay in 1b <u>9 mo</u>	a. STATE <u>KANSAS</u>	b. COUNTY <u>Allen</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Humboldt</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Luke's Hospital</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>R.R.1</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>CLARA</u>	Middle <u>Sophia</u>	Last <u>Fugitt</u>	Month <u>Sept</u>	Day <u>4</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 5, 1879</u>	9. AGE (last birthday) <u>61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Humboldt, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frederick Domitz</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Ostermire</u>		14. NAME OF HUSBAND OR WIFE <u>John E. Fugitt</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. <u>No NE</u>	17. INFORMANT <u>Mrs Maxine Cole - 4606 Terrace - K.C. Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>
IMMEDIATE CAUSE (a)	<u>Carcinoma of liver</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Primary carcinoma of breast</u>	
DUE TO (c)		<u>10 mos.</u>

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
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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 _____ a.m. _____ p.m. _____	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 May 1960 to Sept 4, 1960 and last saw her alive on Sept. 3, 1960  
 Death occurred at 5:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John B. Justice MD.</u>	(Degree or title)	22b. ADDRESS <u>4020 Nichols Pkwy E.C. Mo</u>	22c. DATE SIGNED <u>Sept. 4, '60</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Sept. 4-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>mt. Hope</u>	23d. LOCATION (City, town, or county) (State) <u>Humboldt Kansas</u>
24. FUNERAL DIRECTOR <u>Dates, 1901 Clatte Blvd, Kansas City, K.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-4-60</u>	26. REGISTRAR'S SIGNATURE <u>H-L. Dwyer</u>

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF John B. Justice

**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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland

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.