URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039014
STATE FILE NUMBER

FILED VS OCT 26 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 418

NDED

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Length of stay in 1b: 10 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Ralls
c. CITY OR TOWN: New London — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R # 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Pearl Middle: Lester Last: Fuqua
4. DATE OF DEATH: Month 9 Day 23 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-5-1901
9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Pike County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Edward Fuqua
13b. MOTHER'S MAIDEN NAME: Anna Fletcher
14. NAME OF HUSBAND OR WIFE: Etna Fuqua
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Etna Fuqua Address: New London, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Embolism — 2 mo
DUE TO (c): Carcinoma of lung — 9 mo
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 March 1960 to September 23 and last saw her/him alive on 9-23-60
Death occurred at 11:30P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R M Strong (Degree or title) MD
22b. ADDRESS: 711 Grand ave
22c. DATE SIGNED: 9-25-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-26-1960
23c. NAME OF CEMETERY OR CREMATORY: Grand View Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal, Mo.
24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home - Hannibal, Mo.
25. DATE RECD. BY LOCAL REG.: 10/24/60
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo

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