

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 27 1960 *59*

-60-045407

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. *213*

| | | | |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Missouri</u> <i>Cass</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Pleasant Twp</u> | Length of stay in 1b <u>18 Months</u> | c. CITY OR TOWN <u>Belton</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3mi south of town</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>3 mi south of town</u> | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Samuel O Fuqua</u> | 4. DATE OF DEATH Month Year <u>12 - 8 - 1960</u> |
|-----------------------------------------------------------------------------------|--------------------------------------------------------|

| | | | | | | |
|-----------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------|----------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-15-90</u> | 9. AGE (last birthday) <u>70</u> | 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) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------|

| | | |
|-------------------------------------------|--------------------------------------------|------------------------------------------------------|
| 13a. FATHER'S NAME <u>Jasper Fuqua</u> | 13b. MOTHER'S MAIDEN NAME <u>Hannah</u> | 14. NAME OF HUSBAND OR WIFE <u>Florence Fuqua</u> |
|-------------------------------------------|--------------------------------------------|------------------------------------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW # I</u> | 16. SOCIAL SECURITY NO. <u>490 16 2229</u> | 17. INFORMANT Address <u>Florence Fuqua, Belton, Missouri</u> |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure -</u> DUE TO (b) <u>Coronary Thrombosis & Myocardial Infarction</u> DUE TO (c) <u>Arterio-sclerosis -</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4+ years.</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 |

| | | |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 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 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 Oct 20 1960 to Dec 8 and last saw him alive on Nov 30 1960
Death occurred at 8:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---------------------------------------------------------------|-----------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title) <u>John R. McClure DO</u> | 22b. ADDRESS <u>Belton, Missouri</u> | 22c. DATE SIGNED <u>12-9-60</u> |
|---------------------------------------------------------------|-----------------------------------------|------------------------------------|

| | | | |
|------------------------------------------------------------|------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-12-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth, Kansas</u> |
|------------------------------------------------------------|------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|

| | | |
|----------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| 24. FUNERAL DIRECTOR ADDRESS <u>E.K. George & Sons, Inc., Belton, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Dec-12-1960</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs Ray Sebrer</u> |
|----------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 27 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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *[Handwritten Signature]*
Licensed Embalmer No. 4911
P. O. Address *[Handwritten Address]*

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