

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010960
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1390

FILED MAR 28 1962

VS 300
Rev. 4/59

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23328

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DATE AMENDED
8/9/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF
Clifton R. Fuquay

SHOULD READ
Clifton R. Fuquay

ITEM NO. 3

DOCUMENT

BY AFFIDAVIT OF Informant
M. Tillman

MEDICAL CERTIFICATION

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> by COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>10 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>35th Woodland</u>		d. STREET ADDRESS (If outside, give location) <u>2207 Forest</u>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Clifton R. Fuquay</u>			4. DATE OF DEATH <u>3-5-62</u>
5. SEX <u>Male</u>			6. COLOR OR RACE <u>Negro</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>9-3-19</u>
9. AGE (last birthday) <u>42</u>			IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spotter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning</u>	11. BIRTHPLACE (City and state or country) <u>Holdenville OKLA</u>
12. CITIZEN OF WHAT COUNTRY <u>-</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Eloise Lacy</u>		14. NAME OF HUSBAND OR WIFE <u>Roxana Fuquay</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WWII</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>Roxana Fuquay</u>		Address <u>2517 E. 10th</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
IMMEDIATE CAUSE (a) <u>Shock</u>			
DUE TO (b) <u>Internal Hemorrhage</u>			
DUE TO (c) <u>Penetrating Gunshot Wound of Neck</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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 <u>7:23</u> p.m. Month, Day, Year <u>3/5/62</u>			
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.) <u>35th & Woodland</u>	
20f. CITY, TOWN, OR LOCATION <u>Kansas City, Jackson, Mo.</u>		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____			
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Deputy Coroner</u>		22b. ADDRESS <u>1618 Lydia Ave</u>	
22c. DATE SIGNED <u>3/6/62</u>			
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-10-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Manlove and Williams K.C., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-9-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address K. C. 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.