

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009524
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 383

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SPRINGFIELD</u> <u>0390</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MERCY HOSP.</u>		Length of stay in lb <u>9 Mo.</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. #1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED First Middle Last BESSIE DRUCILLA FUGATE 4. DATE OF DEATH Month Day Year ARR. 7, 1958

5. SEX F 6. COLOR OR RACE W 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH 27 SEPT. 1882 9. AGE (In years last birthday) 75
IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY HOMG 11. BIRTHPLACE (City and state or country) INDIANA 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHARLES E. ABBOTT 13b. MOTHER'S MAIDEN NAME IRENE JUDKINS 14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No No 16. SOCIAL SECURITY NO. NO 17. INFORMANT Address HOSPITAL RECORDS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Central Neumopty
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-sclerosis
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
INTERVAL BETWEEN ONSET AND DEATH 24 H.

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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT 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 4-1-58 to 4-7-58 and last saw her/him alive on 4-6-58
Death occurred at 9:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. D. 22b. ADDRESS SPRINGFIELD MISSOURI 22c. DATE SIGNED 4-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4-9-58 23c. NAME OF CEMETERY OR CREMATORY GREENLAWN 23d. LOCATION (City, town, or county) (State) SPRINGFIELD Mo.

24. FUNERAL DIRECTOR ADDRESS J. Klingner & Co. Spfld. Mo. 25. DATE RECD. BY LOCAL REG. 4-9-58 26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

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 *Glen D Williams*

Licensed Embalmer No. *4651*

P. O. Address *Springfield*

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.