

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29821

State File No.

Registration District No. 831

Primary Registration District No. 6070

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston - ~~Richard~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community 2
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Sikeston,
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 7 - ~~Richard~~
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Atlas Walton Foust 230

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dora Foust

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased: March 15 1854
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1940 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from July 7 to August 22, 1940
that I last saw him alive on August 27, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 5 Days 8 If less than one day
hr. _____ min.

Immediate cause of death:
Cerebral stroke with
Bronchopneumonia

Due to arteriosclerosis

Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace Dawson Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Walton Foust

13. Birthplace Clarkton Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: None

Of operations _____

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Patrick

(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof Aug. 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery Sikeston, Mo.

18. (a) Signature of funeral director Charles Patrick
Sikeston, Mo.

(b) Address _____

19. (a) 9-9-40 (b) W. H. Ormsworth
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
742
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W. H. Ormsworth (M. D. or other) 1
Address Sikeston Date signed 8-22-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 940-144

Date Filed 9/10/40

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3704

P. O. Address Seeston, 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 this body is not embalmed, fact should be so stated above.