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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 453

Registration District No. 53 Primary Registration District No. 3016 Registrar's No. 33

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 4 days (Specify whether
In this community 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Perryville Mo. /
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? ~~(Yes or~~ No) /
If yes, name country

3. (a) PRINT FULL NAME Len Foutts
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife M. Lorene Foutts
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July (Month) 23 (Day) 1875 (Year)

8. AGE: Years 72 Months 6 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Kansas / (City, town, or county) (State or foreign country)
10. Usual occupation Rural Mail Carrier
11. Industry or business
FATHER
12. Name James Foutts
13. Birthplace Kansas / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Bolridge
15. Birthplace Kansas / (City, town, or county) (State or foreign country)
16. (a) Informant M. Lorene Foutts
(b) Address Perryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.
18. (a) Signature of funeral director Young Sons
(b) Address Perryville Mo.
19. (a) 1-31-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 26 year 1948 hour 12 minute 15 P M.
21. I hereby certify that I attended the deceased from Jan. 22, 1948, to Jan. 26, 1948 that I last saw him alive on Jan. 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory failure	?
Due to Coronary artery disease	?
Due to Generalized arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Charles F. Wilson (M. D. or other) M.D.
Address 727 Broadway Date signed 1-28-48
Cape Girardeau, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 26 1948

RECEIVED

Health Officer No. 4

File Number 248-163

2-11-48

JUL 9 1958

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 Edward L. Young

Licensed Embalmer No. 2138

P. O. Address Perryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.