

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36209**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **190**

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Boone 10	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico c. LENGTH OF STAY (If in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CENTRALIA- 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION AUDRAIN County Hospital		d. STREET ADDRESS (If rural, give location) RURAL- 7 Miles - due West!	

3. NAME OF DECEASED (Type or Print) a. (First) HUBBARD b. (Middle) KNOX c. (Last) FOUNTAIN	4. DATE OF DEATH (Month) (Day) (Year) Nov. - 13 - 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced - 3	8. DATE OF BIRTH JAN. 5 - 1879	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 10 Days 8 IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) Boone County Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James D. Fountain	13b. MOTHER'S MAIDEN NAME Nettie Conley	14. NAME OF HUSBAND OR WIFE Divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John A. Fountain, Hammond, Indiana ADDRESS Hammond, Indiana
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate		INTERVAL BETWEEN ONSET AND DEATH 7 yrs 197X
	ANTÉCEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Genetic Carcinomatosis		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **11-12-1949** to **10-13-1949**, that I last saw the deceased alive on **11-13-1949**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Frank Colley M.D. (Degree or title)	23b. ADDRESS Mexico, Mo.	23c. DATE SIGNED 11/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 15 - 1949	24c. NAME OF CEMETERY OR CREMATORY Fountain Cemetery	24d. LOCATION (City, town, or county) (State) 7 mi. West Centralia, Missouri
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DATE REC'D BY LOCAL REG. Nov - 14 / 1949	REGISTRAR'S SIGNATURE Blenche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Paul G. Ballou ADDRESS Centralia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED NOV 21 1949
District Health Officer No: 10
District File Number 11-49-19
Date Filed NOV 21 1949

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
Student Embalmer

Signed Paul G. Ballou ..
.....

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.