

37956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 12 1949

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>412</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Marion</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		6 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1226 Broadway</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Charles</u>	b. (Middle) <u>Keel</u>	c. (Last) <u>Fouche</u>	(Month) <u>12</u>	(Day) <u>1</u>	(Year) <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>4-25-1895</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Hannibal, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Fouche</u>		13b. MOTHER'S MAIDEN NAME <u>Laura</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Liboteau Fouche</u>			
		(If yes, give war or dates of service) _____		ADDRESS <u>1208 Bldg -</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		- MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>acute Nephritis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____	
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? _____			
22. I hereby certify that I attended the deceased from <u>11-18, 1949</u> , to <u>12-1, 1949</u> , that I last saw the deceased alive on <u>12-1, 1949</u> , and that death occurred at <u>7:25 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Q M Fox</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>12-5-49</u>	
24a. BURIAL - CREMATION - REMOVAL (Specify) _____		24b. DATE <u>Dec 4 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-5-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Geo E Roberts</u>		ADDRESS <u>Hannibal, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 8 1949
MARION CO. HEALTH DEPT.
DATE FILED DEC 10 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 Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.