

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

141087

4422 State File No. 1-960 Registrar's No. 584

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 1-960		Registrar's No. 584	
1. PLACE OF DEATH a. COUNTY <b>PLATTE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>PLATTE</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EDGERTON</b>		c. LENGTH OF STAY (in this place) <b>4 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EDGERTON</b>		0830	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle) <b>LINCOLN</b>		c. (Last) <b>FOUTS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-20-50</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>2-11-1972</b>	
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (State or foreign country) <b>Farley, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Dolphus Irving Fouts</b>		13b. MOTHER'S MAIDEN NAME <b>MINERVA PARKER</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>William Fouts, Parkville Mo. R.R. 4</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>apoplectic stroke</b>  ANTECEDENT CAUSES Morbid 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. <b>myocarditis</b> <b>infirmitates of old age.</b>				INTERVAL BETWEEN ONSET AND DEATH          <b>334X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
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 <b>Apr. 10, 1950</b> , to <b>Apr. 19, 1950</b> , that I last saw the deceased alive on <b>Apr. 19, 1950</b> , and that death occurred at <b>9:15 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John A. Robinson, M.D.</b>				23b. ADDRESS <b>Edgerton, MO.</b>		23c. DATE SIGNED <b>4-20-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>4/22/50</b>		24c. NAME OF REMETERY OR CREMATORY <b>Kidgley Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Edgerton Platte Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-20-50</b>		REGISTRAR'S SIGNATURE <b>Phyllis Boeins</b>		25. FEDERAL DIRECTOR'S SIGNATURE <b>Kollins-Hack</b>		ADDRESS <b>Edgerton, Mo.</b>	

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

RECEIVED

MAY 2

District Health Officer No. 2

District File Number

Date Filed

5/4/50

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, ~~\_\_\_\_\_~~ *CH*

*CH*  
working under my personal supervision.

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

Signed

*Owen Boag*

Licensed Embalmer No.

*3940*

P. O. Address

*Smithville, 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.