

5. No. 300
10. 48

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30175

0413

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5488 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Sherman Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Sherman Twp.	
c. LENGTH OF STAY (in this place) 59 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) JENNIE b. (Middle) BELLE c. (Last) FORDYCE			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1950
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 10, 1890
9. AGE (In years last birthday) 59		10. MONTH 11 DAY 25	9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Harrison County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Green Foster		13b. MOTHER'S MAIDEN NAME Mattie Elva Pryor	
14. NAME OF HUSBAND OR WIFE Ralph Fordyce		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ralph Fordyce		ADDRESS Bethany, Mo.	
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) Crush Chest right side. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrown against unknown object DUE TO (c) Automobile Accident. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Injury head right temple.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
21c. (CITY, TOWN, OR TOWNSHIP) 041 Sherman (COUNTY) Harrison (STATE) Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. - 5 - 10 - p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Automobile Accident. OMV		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert R. Rogers, Coroner		23b. ADDRESS Ridgeway, Mo	
23c. DATE SIGNED 9-7-50		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Sept. 8, 1950	
24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetary		24d. LOCATION (City, town, or county) (State) Bethany, Mo	
24e. DATE REC'D BY LOCAL REG. Sept 11-50		24e. DATE REC'D BY LOCAL REG.	
25. REGISTRAR'S SIGNATURE Zola Burres		25. REGISTRAR'S SIGNATURE	
25. FURNERAL DIRECTOR'S SIGNATURE Clark L. Foutch		25. FURNERAL DIRECTOR'S SIGNATURE	
ADDRESS Bethany, Mo		ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)



NOV 27 1950

APR 6 1951

RECEIVED

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 _____

Clark L Foutch

Student Embalmer No. 370

working under my personal supervision.

Student *Clark L Foutch*
Student Embalmer

Signed *W S Noble*

Licensed Embalmer No. 2904

P. O. Address New Hampton, Md

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.