

FILED OCT 31 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32998**

240
1

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

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 4122 Registrar's No. 72

| | | | |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kearney</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kearney</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED a. (First) <u>CHARLEY</u> b. (Middle) _____ c. (Last) <u>Fouts</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20 1950</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct 21-1865</u> |
| 9. AGE (In years less birthday) <u>85</u> | IF UNDER 1 YEAR Months _____ | IF UNDER 1 YEAR Days _____ | IF UNDER 1 MIN. Hours _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Farm work</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Buchanan Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Dugan Fouts</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eliza Wilson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Sarah</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Will Fouts</u> | | ADDRESS <u>Holt</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5yr.</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>disease</u> | | <u>2yr.</u> | |
| DUE TO (c) <u>Senile Dementia</u> | | <u>443X</u> | |
| 11. 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 (Specify) SUICIDE HOMICIDE | | 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>Feb</u> , 1950, to <u>Oct 20</u> , 1950, that I last saw the deceased alive on <u>Oct 3</u> , 1950, and that death occurred at <u>12:45pm.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Muriel Hayes M.D.</u> | | 23b. ADDRESS <u>Kearney Mo</u> | |
| 23c. DATE SIGNED <u>10-22-50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 22-1950</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Wm Alvert</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kearney Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct 22 1950</u> | | REGISTRAR'S SIGNATURE <u>Muriel Hayes</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Fry</u> | | ADDRESS <u>Kearney Mo</u> | |

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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 Leonard Fry.....

Licensed Embalmer No. 1677.....

P. O. Address Kearney 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.