

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41789

State File No.

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5976 Registrar's No. 2

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Polk</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> | |
| b. CITY OR TOWN <u>Rural Special</u> | | c. CITY OR TOWN <u>Rural Special</u> | |
| c. LENGTH OF STAY (in this place) <u>6 wks</u> | | c. CITY OR TOWN <u>Rural Special</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walnut Grove R#3</u> | | d. STREET ADDRESS (If rural, give location) <u>Walnut Grove R#3</u> | |

| | | | | | |
|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u> b. (Middle) <u>May</u> c. (Last) <u>FOUTS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-1950</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>7-20-1880</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Month <u>5</u> Day <u>11</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Ill 1</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>Mike Wilkins</u> | 13b. MOTHER'S MAIDEN NAME <u>Lila Hill</u> | 14. NAME OF HUSBAND OR WIFE <u>W.M. Fouts</u> |
| 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>Otis Fouts</u> ADDRESS <u>Walnut Grove R#3 MO</u> |

| | | | |
|---|---|--------|---|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MITRAL INSUFFICIENCY</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) <u>444X</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death* <u>ATYPICAL PNEUMONIA</u> | | 3 DAYS | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min) | 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 Dec, 20, 1950, to Dec, 31, 1950, that I last saw the deceased alive on Dec, 31, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

| | | |
|---|-------------------------------------|---|
| 23a. SIGNATURE (Degree or title) <u>W.R. Davis D.O. 2</u> | 23b. ADDRESS <u>Walnut Grove Mo</u> | 23c. DATE SIGNED <u>12/31/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>1-2-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Home ARK Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Mt. Home ARK</u> |

| | | |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>Jan 2, 1951</u> | REGISTRAR'S SIGNATURE <u>Ralph Gardner Jewell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Roller Funeral Home</u> ADDRESS <u>Mt. Home ARK</u> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

2840

1

DIVISION OF HEALTH
District No. 5 - Springfield

RECEIVED: **JAN 12 1951**

Dist. File 157-110

Date Filed 1-3-51

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.

Signed Warren D. Noble

Signed _____
Student Embalmer

Licensed Embalmer No. 4005

P. O. Address Cash - Hancock 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.