

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Missouri Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>307 So. 16th</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nelson</u>	b. (Middle) <u>-----</u>	c. (Last) <u>Foutch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6, 1951</u>
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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. 7, 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>night-watchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Building industry</u>	11. BIRTHPLACE (State or foreign country) <u>Ringgold Co., Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Abraham Foutch</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Earl</u>	14. NAME OF HUSBAND OR WIFE <u>Dilla Foutch</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-28-0576</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nelson Foutch 307 So. 16th</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Secondary Shock</u>	DUE TO (b) <u>Retroperitoneal Hemorrhage</u>	<u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Fracture rt. Fibula & Tibia</u>	<u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Confusion of Abdomen</u>	<u>3 days</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>factory</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph, Mo. Buchanan, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JAN 3 1951 5:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>OVEN EXPLODED STRIKING DECEASED.</u>
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22. I hereby certify that I attended the deceased from JAN 3, 1951, to JAN 6, 1951, that I last saw the deceased alive on JAN 6, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. R. McDaniel M.D.</u>	23b. ADDRESS <u>902 Edmond St. St. Joseph, Mo.</u>	23c. DATE SIGNED <u>Jan 9, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 15, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casler</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Bauman Funeral Home St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Alvin

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 *William Spelling*

Signed.....
Student Embalmer

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. N. J. Phelps*

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.