

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **27499**

**FILED AUG 21 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 525

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>1. PLACE OF DEATH</b>   |  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)             |  |  |
| a. COUNTY <u>Laclede</u>   |  |   | a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldridge</u> |  | c. LENGTH OF STAY (In this place) <u>79 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldridge</u> <u>1530</u> |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Eldridge</u>                                      |  |   | d. STREET ADDRESS (If rural, give location) <u>Eldridge</u> <u>8</u>                                     |  |  |

|  |                              |                       |  |  |  |
|--|------------------------------|-----------------------|--|--|--|
| <b>3. NAME OF DECEASED</b> (Type or Print) |                              |                       | <b>4. DATE OF DEATH</b> (Month) (Day) (Year) |  |  |
| a. (First) <u>Rusha</u>                    | b. (Middle) <u>Elizabeth</u> | c. (Last) <u>Fohn</u> | Aug. 8 1951                                  |  |  |

|                           |                                      |  |  |  |  |   |
|---------------------------|--------------------------------------|--|--|--|--|---|
| <b>5. SEX</b><br><u>F</u> | <b>6. COLOR OR RACE</b><br><u>W.</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Widowed</u> <u>7</u> | <b>8. DATE OF BIRTH</b><br><u>Jan. 4, 1872</u> | <b>9. AGE</b> (In years last birthday) <u>79</u> | <b>10. UNDER 1 YEAR</b><br>Months _____ Days _____ | <b>11. UNDER 1 HRS.</b><br>Hours _____ Min. _____ |
|---------------------------|--------------------------------------|--|--|--|--|---|

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|--|--|--|---|
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>✓</u> | <b>11. BIRTHPLACE</b> (State or foreign country)<br><u>Laclede Co. Mo.</u> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>USA</u> |
|--|--|--|---|

|  |  |  |
|--|--|--|
| <b>13a. FATHER'S NAME</b><br><u>William Waterman</u> | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Emaline Marsh</u> | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Pete Fohn</u> |
|--|--|--|

|   |  |  |                |
|---|--|--|----------------|
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>✓</u> | <b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>✓</u> | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><u>Russell Fohn, Eldridge, Mo.</u> | <b>ADDRESS</b> |
|---|--|--|----------------|

|   |   |  |   |
|---|---|--|---|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | <b>MEDICAL CERTIFICATION</b>  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>10 days</u> |
|   | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Fracture right femur</u>   |  |   |
|   | <b>ANTECEDENT CAUSES</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <u>Senility</u><br><br>DUE TO (c) _____ |  |   |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |   |

|                               |   |  |
|-------------------------------|---|--|
| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b> | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-------------------------------|---|--|

|   |   |  |
|---|---|--|
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
|---|---|--|

|  |  |                                   |
|--|--|-----------------------------------|
| <b>21d. TIME OF INJURY.</b> (Month) (Day) (Year) (Hour) m. | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b> |
|--|--|-----------------------------------|

**22. I hereby certify that I attended the deceased from** Aug 8, 1951, to Aug 8, 1951, that I last saw the deceased alive on Aug 8, 1951, and that death occurred at 10.40 pm, from the causes and on the date stated above.

|  |                   |  |   |
|--|-------------------|--|---|
| <b>23a. SIGNATURE</b><br><u>J. H. Johnson MD</u> | (Degree or title) | <b>23b. ADDRESS</b><br><u>Lebanon Mo</u> | <b>23c. DATE SIGNED</b><br><u>8/12/51</u> |
|--|-------------------|--|---|

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u> | <b>24b. DATE</b><br><u>8/12/51</u> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Hufft Cemetery</u> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Laclede Co. Missouri</u> |
|---|------------------------------------|--|---|

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| <b>DATE REC'D BY LOCAL REG.</b><br><u>8-12-1951</u> | <b>REGISTRAR'S SIGNATURE</b><br><u>Blilla L. May</u> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><u>Pulvers</u> | <b>ADDRESS</b><br><u>Lebanon Mo</u> |
|---|--|---|-------------------------------------|

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

0530

Received ..... AUG 18 1951  
Laclede County Health Unit  
File No. .... 8-51-118  
Date Filed ..... AUG 20 1951

AUG 23 1951

**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..... *S. P. Palmer* .....

Licensed Embalmer No. .... 2208 .....

P. O. Address..... Lebanon 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.