

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24072

State File No. 263

FILED AUG 4 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <b>CALLOWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>AUDRAIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FULTON MISSOURI</b>		c. CITY OR TOWN <b>Mexico Mo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>3.1 9d</b>		e. STREET ADDRESS (If rural, give location) <b>0043</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No 1.</b>			

3. NAME OF DECEASED (Type or Print) <b>Thomas Fogle</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 29 1953</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Nov-10-1898</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 12 HRS. Days <b>7</b>	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wellsville Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Joseph Fogle</b>	13b. MOTHER'S MAIDEN NAME <b>Henrietta Walker</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>	ADDRESS <b>Fulton Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Psychosis, with Syphilitic meningitis</b> DUE TO (c) <b>encephalitis.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>025X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sudden**, 19\_\_\_\_, to **July 29 1953**, that I last saw the deceased alive on **7/29/53**, 19\_\_\_\_, and that death occurred at **9:00A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>Fulton, Missouri</b>	23c. DATE SIGNED <b>7-29-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 31 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wellsville City</b>	24d. LOCATION (City, town, or county) (State) <b>Wellsville Mo</b>
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DATE REC'D BY LOCAL REG. <b>July 31 1953</b>	REGISTRAR'S SIGNATURE <b>Martha Lawrence</b> 426	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley F. N. Fulton Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 20 1953

SEP 21 1953

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.....  
Signature of Student Embalmer

Signed *John Ross*  
Licensed Embalmer No. *255*  
P. O. Address *Fullerton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.