

STANDARD CERTIFICATE OF DEATH

1886

State File No.

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly</u> <u>0540</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 mile east on 24 Highway</u>		d. STREET ADDRESS (If rural, give location) <u>North Hw. 24</u>	
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First) <u>L</u> b. (Middle) <u>Foose</u> c. (Last) <u>Foose</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 2 - 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, <u>WIDOWED</u> , <u>DIVORCED</u> (Specify) <u>Single never married</u>	8. DATE OF BIRTH <u>November 11, 1926</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Corps Engineers</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Waverly, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jessie J. Foose</u>	
13b. MOTHER'S MAIDEN NAME <u>Audrey V. Woodward</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-24-9238</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jessie J. Foose, Waverly, Missouri</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull fracture</u> <u>Massive hemorrhage into the left cerebral cortex</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>This may have been the sole occupant of a car which collided head on with another motor car.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>NO surgery</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>on 24 highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Lexington Lafayette</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 1 1954 7:45 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Motor car collision</u>			
22. I hereby certify that I attended the deceased from death, 19 <u>Feb - 1 - 2</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19 _____, and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. J. Martin M.D. Coroner</u>		23b. ADDRESS <u>Waverly, Mo.</u>	
23c. DATE SIGNED <u>1-2-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>January 5, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Waverly</u>		24d. LOCATION (City, town, or county) (State) <u>Waverly, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-28-1954</u>		REGISTRAR'S SIGNATURE <u>156-0</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. Statawch</u>		ADDRESS <u>156-0 Lexington, Missouri</u>	

FEB 1

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 *Shea W. Khan*

Licensed Embalmer No. 2983

P. O. Address Livingston, Missouri

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.