

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4832
853BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 10 days		c. CITY OR TOWN Hickman Mills		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Research Hospital				e. STREET ADDRESS (If rural, give location) 7601 Blue Ridge Road 7000					
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) P.		c. (Last) FOUTS		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-5-69 1876			
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Oil Inspector			10b. KIND OF BUSINESS OR INDUSTRY Kansas State		11. BIRTHPLACE (City and State or Foreign Country) Bedford, Iowa		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Asbury Fouts			13b. MOTHER'S MAIDEN NAME Rebecca A. Price			14. NAME OF HUSBAND OR WIFE Beulah Fouts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eri F. Fouts, Hickman Mills, Mo.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days years 33 1/2	
19a. DATE OF OPERATION 2/20/54		19b. MAJOR FINDINGS OF OPERATION T. tracheotomy - thick mucous secretion				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) m.		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 2/12 , 19 54 , to 2/23 , 19 54 , that I last saw the deceased alive on 2/23 , 19 54 , and that death occurred at 1 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John A. Flatley John A. Flatley M.D.				23b. ADDRESS Raytown, Mo.		23c. DATE SIGNED 2/23/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-24-54		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Salina, Kansas			
DATE REC'D BY LOCAL REG. 2-24-54		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. John A. Fitzpatrick
Raytown

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 *Harold E. Hackler*.....

Licensed Embalmer No. *H.S.*

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