

No. 300  
10.48

FILED APR 29 1954 STANDARD CERTIFICATE OF DEATH

12689

State File No. ....

BIRTH NO. 17103-54 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina</b>	
c. LENGTH OF STAY (in this place) <b>2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>1020 /</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>			

3. NAME OF DECEASED (Type or Print) - a. (First) <b>Marva</b>	b. (Middle) <b>Lynn</b>	c. (Last) <b>Fouts</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 4, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 2, 1954</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 WEEKS Hours Min. <b>0 2</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Never Worked</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Hannibal, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Marvin Fouts</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Mettes</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) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Marvin Fouts, Shelbina, Mo.</b>
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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, ashenia, 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) <b>Congenital Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Absence of Auricular Septum</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	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>7544</b>
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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
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22. I hereby certify that I attended the deceased from 2 April, 1954 to 4 April, 1954, that I last saw the deceased alive on 4 April, 1954, and that death occurred at A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ronald B. Sanderson, M.D.</b>	23b. ADDRESS <b>Hannibal, Missouri</b>	23c. DATE SIGNED <b>10 April, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/5/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina IOOF</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbina, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-26-54</b>	REGISTRAR'S SIGNATURE <b>Dr. E.M. Tucker, Registrar</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Hayes, Shelbina, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1954

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

APR 28 1954

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Paul E. Hayes*

Signed.....

Student Embalmer

Licensed Embalmer No.....

4461

P. O. Address.....

*Shallons, 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.