

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 61

6000

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Liberty - Rural</u>		c. CITY OR TOWN <u>Mountain View</u>	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) <u>1 year</u>		e. STREET ADDRESS (If rural, give location) <u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>--</u> c. (Last) <u>Fouts</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1954</u>
---	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>Feb. 27, 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	--

13a. FATHER'S NAME <u>John Fouts</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>IOOF Home Records Liberty, Mo.</u>	ADDRESS <u>Liberty, Mo.</u>
---	---	--	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>encephalomalacia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>332X</u>	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) (Min.)	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 1950 to 1954, that I last saw the deceased alive on July 2, 1954 and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter G. Gordon</u>	23b. ADDRESS <u>Liberty Mo.</u>	23c. DATE SIGNED <u>7/8/54</u>
---	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>7-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mountain View, Mo.</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>July 9, 1954</u>	REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John - Evelyn - ...</u>	ADDRESS <u>Liberty, Mo.</u>
---	--	--	--------------------------------

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 Pasley*.....

Licensed Embalmer No. *430*

P. O. Address *Liberty*

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.