No. 300
10-48

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

FILED SEP 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26987

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: HOWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEST PLAINS,
c. LENGTH OF STAY (In this place): hrs.,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: CALIFORNIA
b. COUNTY: ?
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: BURBANK, 8040
d. STREET ADDRESS (If rural, give location): 412 S. SPARKS, 8

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): BESSIE N. FOCHTMAN

4. DATE OF DEATH (Month) (Day) (Year): 8-21-54

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MM

8. DATE OF BIRTH: 3-21-1909

9. AGE (In years last birthday): 45 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R. N. (INDUSTRIAL)

10b. KIND OF BUSINESS OR INDUSTRY: WEBER AIRCRAFT

11. BIRTHPLACE (State or foreign country): BAXTER CO., ARK.,

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: WM. PETTYJOHN

13b. MOTHER'S MAIDEN NAME: MARY J. GRAVES

14. NAME OF HUSBAND OR WIFE: JOE FOCHTMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: YES

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: JOE FOCHTMAN, BURBANK, CALIFORNIA

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion — 2 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/20, 1954, *to* 8/21, 1954, *that I last saw the deceased alive on* 4 pm 8/20, 1954, *and that death occurred at* 2:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Fowler MD

23b. ADDRESS: West Plains Missouri

23c. DATE SIGNED: 9/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): R

24b. DATE: 8-23-54

24c. NAME OF CEMETERY OR CREMATORY: FOREST LAWN

24d. LOCATION (City, town, or county) (State): BURBANK, CALIFORNIA

DATE REC'D BY LOCAL REG.: 9-8-54

REGISTRAR'S SIGNATURE: Beatrice Cook 379

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: ROBERTSONS, WEST PLAINS, MO.,

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 19

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 D D Roberts

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.