

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30583
4073

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kearney</u>	
c. LENGTH OF STAY (in this place) <u>46 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>_____</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Martha</u> c. (Last) <u>Fouts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23 1954</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 2 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>gen. household</u>	11. BIRTHPLACE (State or foreign country) <u>Kearney Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Gordon Corum</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Courtney</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Fouts</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Georgia Fene Kearney</u>	ADDRESS <u>_____</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Broncho pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture hip & Femur</u>			<u>48 hr</u>
	DUE TO (c) _____			<u>E9030</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>apical Tuberculosis</u>			<u>unknown</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Wyandotte Kans.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-21-54 3a. _____</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell on floor after getting out of bed</u>
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22. I, hereby certify that I attended the deceased from Aug 19 1948, to Aug 23 1954, that I last saw the deceased alive on Aug 22 1954, and that death occurred at 1:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James W. Milloughby</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>8-24-54</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 25 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kearney Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-24-54</u>	REGISTRAR'S SIGNATURE <u>Berldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u>	ADDRESS <u>Kearney Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Smithville 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.