No. 300
10-48

FILED OCT 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31316

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5838 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Berwick Twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy #60-1-6 mi West of Newton Co. Line

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ohio
b. COUNTY: CLARK
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Route 1 8340 8

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): W.
c. (Last): FOUT

4. DATE OF DEATH (Month) (Day) (Year): 9 24 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-12-1918
9. AGE (In years last birthday): 36 — 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): FOREMAN.
10b. KIND OF BUSINESS OR INDUSTRY: Concrete Block Co
11. BIRTHPLACE (City and State or Foreign Country): London, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Anthony Fout
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mrs Margie Fout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: DAVID CONLEY Springfield, Ohio

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): Auto Accident
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Crushed Chest.
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Newton, Mo. 07
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-24-54 6:15 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Auto Accident.

22. *I hereby certify that I attended the deceased from _____, 19__, to 9-24, 1954, that I last saw the deceased alive on _____, 19__, and that death occurred at 6:15 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cooley Thompson Coroner
23b. ADDRESS: Neosho, Mo.
23c. DATE SIGNED: 9-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Springfield Ohio

DATE REC'D BY LOCAL REG.: Sept. 25, 1954
REGISTRAR'S SIGNATURE: M. L. Young 225
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Wm Wessell Pierce City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NEWTON COUNTY HEALTH UNIT

District Health Officer No. [redacted]

District File Number 1054-1957

Date Filed OCT 5 1954

NEOSHO, MISSOURI

AUG 2 1955

AUG 8 1955

MAR 8 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....Mr....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed R. Gordon Bennett

Licensed Embalmer No. 421

P. O. Address Monett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.