S. No. 300
v. 10.48

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

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24462

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5807 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route 2 Union
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): Rte 2, Centralia, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN: Centralia
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rte 2

0690 0

3. NAME OF DECEASED (Type or Print)
a. (First): Abbie
b. (Middle): Hicks
c. (Last): Fountain

4. DATE OF DEATH (Month) (Day) (Year): July 25 1956

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 14, 1880
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 11, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (City and State or Foreign Country): Audrain County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John W. Fountain
13b. MOTHER'S MAIDEN NAME: Hannah Tucker
14. NAME OF HUSBAND/OR WIFE: Blaine Dry Fountain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Gladys Tipton, ADDRESS: Kansas City, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (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: 177X
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* 10-8, 1955, *to* 7-25, 19 56 *that I last saw the deceased alive on* 5-3, 19 56, *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Robt L. Ward
(Degree or title): MD
23b. ADDRESS: 120 North Hollins, Centralia
23c. DATE SIGNED: 7-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 27, '56
24c. NAME OF CEMETERY OR CREMATORY: City of Centralia
24d. LOCATION (City, town, or county) (State): Centralia, Mo.

DATE REC'D BY LOCAL REG.: Aug. 4. 1956
REGISTRAR'S SIGNATURE: F. A. Barnett M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Bill Meador Centralia Missouri

(Licensed Embalmer's Statement on Reverse Side)

435
0

AUG 8 1956

AUG 10 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Billy J. Meadors

Licensed Embalmer No. 4876

P. O. Address Centralia, Ma

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