FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 25426

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Eldon — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: North Shore – Lake of the Ozarks — Length of stay in Hospital:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2921 University St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Billy Middle: Paul Last: Fogle

4. DATE OF DEATH Month: June Day: 22 Year: 1957

5. SEX: Male **6. COLOR OR RACE:** Caucasian **7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Oct. 31, 1928 **9. AGE** (In years last birthday): 28 — 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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: City Express Co.
11. BIRTHPLACE (City and state or country): Madison, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Fogle
14. MOTHER'S MAIDEN NAME: Pearl Beardsley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.: Not Available
17. INFORMANT: Mrs. Pearl A. Fianin Address: 2921 University St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 6 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Suffocation
DUE TO (c): Drowning 850X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 42

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Fell out of boat in Lake of Ozarks
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year: 4 Miles West of Barnel Dam
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. S. Humphreys D.O., Coroner **22b. ADDRESS:** Columbia, Mo. **22c. DATE SIGNED:** 7-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE:** July 9, 1957 **23c. NAME OF CEMETERY OR CREMATORY:** St. Johns **23d. LOCATION** (City, town, or county) (State): Madison Ill.

24. FUNERAL DIRECTOR ADDRESS: Louis D. Phillips **25. DATE RECD. BY LOCAL REG.:** July 8, 1957 **26. REGISTRAR'S SIGNATURE:** Verretta Waltz

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED

JUL 30 '57

Miller County
Health Department

AUG 13 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. 3

P. O. Address .....

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