

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014212

FILED VS APR 25 1960

38

Primary Registration District No. 5118

Registrar's No. 232

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Missouri Columbia		Length of stay in 1b Minutes		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 Miles S. W. Columbia			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 410 W. Worley		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Billy Middle Burke Last Foutz				4. DATE OF DEATH Month 4 Day 17 Year 1960				
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/1/1939		
9. AGE (last birthday) 21		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscaping			10b. KIND OF BUSINESS OR INDUSTRY Nursery Work		11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Guy Foutz			13b. MOTHER'S MAIDEN NAME Mary Wear			14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give-war or dates of service) Yes Peace Time			16. SOCIAL SECURITY NO. 487-40-7801		17. INFORMANT Mrs. Guy Foutz Columbia, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured neck & extensive head and chest injuries DUE TO (b) trauma DUE TO (c) Motor vehicle accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 30 min. " "	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) deceased driver of car involved				
20c. TIME OF INJURY 10 15 Hour am Month, Day, Year April 17 1960		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Sheet						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sheet		20f. CITY, TOWN, OR LOCATION Missouri Township Boone Missouri		COUNTY		STATE		
21. I attended the deceased from Coroner's Case and saw him/her live on ----- . Death occurred at approx 10 45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Vincent P Perma MD Coroner				22b. ADDRESS Univ of Mo. Med Center			22c. DATE SIGNED 18 April 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/19/1960		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Columbia, Missouri		
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.				25. DATE RECD. BY LOCAL REG. April 18 1960		26. REGISTRAR'S SIGNATURE Mrs R E Palmer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George B. Norman

Licensed Embalmer No. 4425

P. O. Address Columbus, Ga.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.