

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024232

FILED VS JUN 29 1960

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY ST FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST FRANCCIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE		Length of stay in 1b 1 wk.		c. CITY OR TOWN DOE RUN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) GEN. DEL.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LAWRENCE OTTO FOY				4. DATE OF DEATH Month Day Year JUNE 18 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-29-1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) LILLIBURN MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES FOY			13b. MOTHER'S MAIDEN NAME FRONIE CRAIG		14. NAME OF HUSBAND OR WIFE RHODA FOY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS. RHODA FOY DOE RUN 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) Pneumonia						INTERVAL BETWEEN ONSET (AND DEATH) 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 6-16-60 to 6-17-60 and last saw him alive on 6-17-60 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Clara Kautin M Farmington				22b. ADDRESS Farmington Mo		22c. DATE SIGNED 6/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-21-1960	23c. NAME OF CEMETERY OR CREMATORY HILLVIEW MEMORIAL		23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON MO.		
24. FUNERAL DIRECTOR ADDRESS C.H. COZART FARMINGTON MO				25. DATE RECD. BY LOCAL REG. June 23, 1960	26. REGISTRAR'S SIGNATURE Ether Rudloff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

YS APR 14 1961

0961 0 8 NNR

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 _____
Licensed Embalmer No. 4089
P. O. Address Scraper

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.