

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-009385**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 145

STATE FILE NUMBER

AMENDED

**FILED APR 5 1961**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

|   |   |  |  |   |   |
|---|---|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Labette</u> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joblin</u>   |   | Length of stay in 1b <u>7 DAYS</u>   | c. CITY OR TOWN <u>Oswego</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>   |   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>214 Commercial</u> |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>David</u> Middle <u>Sanford</u> Last <u>Fouts</u>   |   |  | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>22</u> Year <u>1961</u>  |   |   |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH <u>12/6/83</u>  | 9. AGE (last birthday) <u>77</u>                                    | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired framer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>  |  | 11. BIRTHPLACE (City and state or country) <u>Oswego, Kansas</u>    |   |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S/A</u>   |   | 13a. FATHER'S NAME <u>Harvey J. Fouts</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Lawellin</u>                 |   |
| 14. NAME OF HUSBAND OR WIFE <u>Mary Ed Dora Fouts</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>  |  | 16. SOCIAL SECURITY NO. <u>No</u>                                   |   |
| 17. INFORMANT Address <u>Mrs. Mary El Dora Fouts, Oswego, Kans</u>  |   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>HEPATIC COMA.</u><br>DUE TO (b) <u>PASSIVE CONGESTION OF LIVER</u><br>DUE TO (c) <u>CORONARY SCLEROSIS &amp; MYOCARDIAL DEGENERATION</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PULMONARY FIBROSIS</u><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><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 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 <u>8:30 A.M.</u> Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Jan. 1960</u> to <u>Mar. 22, 1961</u> and last saw <sup>xx</sup> him alive on <u>3-22-1961</u><br>Death occurred at <u>8:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |   |   |
| 22a. SIGNATURE (Degree or title) <u>J. J. Elberne M.D.</u>  |   |  | 22b. ADDRESS <u>4608 West 4th St.</u>  |   | 22c. DATE SIGNED <u>3/26/61</u>   |
| 23a. BURIAL OR CREMATION, REMOVAL (Specify)   |   | 23b. DATE <u>3-24-1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley Cem.</u>   |   | 23d. LOCATION (City, town, or county) <u>Oswego Kansas</u>                        |
| 24. FUNERAL DIRECTOR <u>Glen W. Hammons,</u> ADDRESS <u>Oswego, Kans</u>  |   | 25. DATE RECD. BY LOCAL REG. <u>3-28-61</u>  |  | 26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u>                       |   |

APR 7 1961

APR 5 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Glen W. Hammone

Licensed Embalmer No. 4109

P. O. Address Osuego, N.Y.

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.