

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15651**  
Registrar's No. **36**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **4218**

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

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>	
c. LENGTH OF STAY (in this place) <b>20 years</b>		d. STREET ADDRESS (If rural, give location) <b>108 Zebo Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>108 Zebo Street</b>		d. STREET ADDRESS (If rural, give location) <b>108 Zebo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GOLDIE</b> b. (Middle) <b>MAUDE</b> c. (Last) <b>FOCKLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 28 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Sept 20, 1902</b>		9. AGE (In years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housewife</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Warsaw, Missouri</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Warsaw, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			

13a. FATHER'S NAME <b>Robert Dickey</b>		13b. MOTHER'S MAIDEN NAME <b>Lola Berryman</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Fockler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>497 26 2214</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Frank Fockler</b> ADDRESS <b>Windsor, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Insulin Shock.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Diabetes Mellitus</b>		<b>4 yrs.</b>	
		DUE TO (c) <b>Hypertensive Heart Disease</b>		<b>6 yrs.</b>	
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-29, 1950**, to **5-28, 1954**, that I last saw the deceased alive on **5-27, 1954**, and that death occurred at **3:48** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Claude M. Thurber, M.D.</b>		23b. ADDRESS <b>Windsor Mo.</b>		23c. DATE SIGNED <b>6-1-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-30-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>	
24d. LOCATION (City, town, or county) (State) <b>Windsor Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Florence Adams</b>		ADDRESS <b>Windsor, Mo.</b>	

574  
FEB 23 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 .....  
Student Embalmer

Signed William M. Turnes

Licensed Embalmer No. 4648

P. O. Address Windsor, M.

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 this body is not embalmed, fact should be so stated above.