

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29713**

BIRTH NO. 72461-50 REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 87

0171
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u> 0171	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>202 E Washington</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>TIMOTHY</u> b. (Middle) <u>LLOYD</u> c. (Last) <u>FOXWORTHY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov. 5 1950</u>		9. AGE (In years) (If under 1 year last birthday) Months <u>10</u> Days <u>7</u> IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Carrollton Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>

13a. FATHER'S NAME <u>David Foxworthy</u>	13b. MOTHER'S MAIDEN NAME <u>Lynola Hamilton</u>	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) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>David Foxworthy Carrollton Mo</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd Degree Burns</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <u>E 9160-16</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE-HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carrollton Carroll Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 12 1951 12:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>clothing caught fire unknown</u>

22. I hereby certify that I attended the deceased from Sept 12, 1951, to Sept 12, 1951, that I last saw the deceased alive on Sept 12, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. M. Atwood M.D.</u>	23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>Sept 15, 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>59-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodward Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Woodward Iowa</u>
DATE REC'D BY LOCAL REG. <u>9/14/51</u>	REGISTRAR'S SIGNATURE <u>Ms Herbert Calvert</u>	45 FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Kibson</u>	ADDRESS <u>Carrollton Mo</u>



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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Mo

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.