No. 300
10-48

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

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 389

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (In this place) 17 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway
c. CITY OR TOWN Fulton
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 904 1/2 Vine St. 0143

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Collin
c. (Last) Fourt

4. DATE OF DEATH (Month) Jan (Day) 9 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 23, 1861
9. AGE (In years last birthday) 93 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and State or Foreign Country) Bland Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Vinl Fourt
13b. MOTHER'S MAIDEN NAME Esther Hoptin
14. NAME OF HUSBAND OR WIFE Anna Fourt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Floyd Fourt Address Kansas City Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — Interval between onset and death: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Rt. Hip — 3 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E9030 20

19a. DATE OF OPERATION 12-27-54
19b. MAJOR FINDINGS OF OPERATION Fract. Rt Hip — 137
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Fulton **(COUNTY)** Callaway **(STATE)** Mo.

21d. TIME OF INJURY (Month) Dec (Day) 22 (Year) 1955 (Hour) 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Fell while walking

22. *I hereby certify that I attended the deceased from* 12-26, 1954, *to* 1-9, 1955, *that I last saw the deceased alive on* 1-9, 1955, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE John J. Brown (Degree or title) MD
23b. ADDRESS Fulton Mo.
23c. DATE SIGNED 1-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/11/55
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) Fulton (State) Mo

DATE REC'D BY LOCAL REG. Jan. 15 1955
REGISTRAR'S SIGNATURE Marietta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE Marquis Funeral Home ADDRESS Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry A Stewart

Licensed Embalmer No. 372

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.