

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17402**

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 4439		Registrar's No. 149	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) Clark		c. LENGTH OF STAY (in this place) 5 years		c. CITY OR TOWN Clark		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0886	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				e. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) OTIS			b. (Middle) -		c. (Last) FOUNTAIN		4. DATE OF DEATH (Month) (Day) (Year) May-20-1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug-14-1871		9. AGE (in years, if UNDER 1 YEAR last birthday) Months Days Hours Min. 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If not raised) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Randolph County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Willis H. Fountain			13b. MOTHER'S MAIDEN NAME Mary Barnes		14. NAME OF HUSBAND OR WIFE Emma Fountain		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marion Fountain Clark Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (Cerebra) INTERVAL BETWEEN ONSET AND DEATH 3 hrs.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Resident leptitis DUE TO (c) Primary Carcinoma of the Prostate Gland				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Not Known 7 mos			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 March , 19 56 , to May 20 , 19 56 , that I last saw the deceased alive on May 20 , 19 56 , and that death occurred at 9:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Henry J. Stewart D.O.				23b. ADDRESS 20. 2, Sturgeon, Mo		23c. DATE SIGNED 5-23-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 22-1956		24c. NAME OF CEMETERY OR CREMATORY Chapel Grove		24d. LOCATION (City, town, or county) (State) Clark Missouri	
DATE REC'D BY LOCAL REG. 5-22-56		REGISTRAR'S SIGNATURE Chaeveloue		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cater Funeral Home Moberly Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *P. M. Carter*

Licensed Embalmer No. *411*

P. O. Address *Moherly*

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