Health, & Welfare . Public n Service

S. 300 2
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FILED APR 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9265
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. State Sanatorium — Length of stay in 1b 13 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Douglas
c. CITY OR TOWN Ava 0340 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Route 4 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Prescott Middle A. Last Foo

4. DATE OF DEATH Month April Day 1, Year 1957

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 1, 1897
9. AGE (In years last birthday) 59 — 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) Internal Revenue Service
10b. KIND OF BUSINESS OR INDUSTRY Investigator
11. BIRTHPLACE (City and state or country) Hawaii 8
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Philip Foo
14. MOTHER'S MAIDEN NAME Mable Ting

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W. W. I
16. SOCIAL SECURITY NO. None
17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH approx. 30 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) anaxia
DUE TO (c) Pulmonary hemoptysis from 4 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Bronchogenic Carcinoma 3 Mo.

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 162X
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 19, '57, to April 1, 1957 and last saw him alive on 4-1-57
Death occurred at 1:25 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C A Brasher M.D. 0
22b. ADDRESS Mt. Vernon, Mo.
22c. DATE SIGNED 4-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4-1-57
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Ava (State) Mo

24. FUNERAL DIRECTOR Max L Forsett ADDRESS Mt Vernon Mo
25. DATE RECD. BY LOCAL REG. 4-1-57
26. REGISTRAR'S SIGNATURE Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

Securing the medical certification in the specific manner required by the Division of Health, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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APR 9 1957
JUN 14 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 425

P. O. Address

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