

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18059

State File No. _____

S. No. 300
v. 10.48

FILED JUN 3 1957

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>5004</u>	Registrar's No. <u>192</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Ninevah</u>		c. LENGTH OF STAY (in this place) <u>40 Yrs.</u>	c. CITY OR TOWN <u>Novinger</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2, Novinger, Mo.</u>		STREET ADDRESS (If rural, give location) <u>Route 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Leroy</u> c. (Last) <u>Fountain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED. <u>MARRIED</u> (Specify)	8. DATE OF BIRTH <u>Nov. 29, 1888</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	9. AGE (In years last birthday) <u>68</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler, Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		
13a. FATHER'S NAME <u>Henry S. Fountain</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Rosetta Mabis</u>		14. NAME OF HUSBAND OR WIFE <u>Mary M. Fountain</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>492-42-6787</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary M. Fountain, Rt. 2, Novinger, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio sclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>3 yrs</u>
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) <u>Adair Co. Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <u>Sept</u> , 19 <u>47</u> , to <u>May 25</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>May 25</u> , 19 <u>57</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Norton P. Eugenie M.D.</u>		23b. ADDRESS <u>Kirkville, Mo</u>		23c. DATE SIGNED <u>5-27-57</u>
24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>		24b. DATE <u>May 27, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jewell</u>
24d. LOCATION (City, town, or county) (State) <u>Adair Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-27-1957</u>		
REGISTRAR'S SIGNATURE <u>David W. Rathill</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Novate Foster, Kirksville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

OR
-neghs 54

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2010

2010

JUN 4
1957

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.....
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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