

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015845

FILED VS APR 18 1960

156

Registration District No. 2001

Registrar's No. 183

STATE FILE NUMBER

NDED

| | | | | | | | | |
|--|---|---|--|---|--|--|---|----------|
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin | | Length of stay in 1b 5 yrs | | c. CITY OR TOWN Joplin | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS 1802 1/2 Joplin | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First THOMAS Middle STRONG Last FOSDICK | | | | 4. DATE OF DEATH Month April Day 9 Year 1960 | | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 3-27-1874 | 9. AGE (last birthday) 86 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY farm | | 11. BIRTHPLACE (City and state or country) Jasper County, Mo | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME George W. Fosdick | | | 13b. MOTHER'S MAIDEN NAME Mary A. Sale | | 14. NAME OF HUSBAND OR WIFE Flora May Van Pelt | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address C.R. Fosdick, 822 Oak, Carthage, Mo | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory collapse</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe body burns (30-40%)</u> DUE TO (c) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> <u>24 hrs</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>gas stove exploded.</u> | | | | |
| 20c. TIME OF INJURY Hour 7 a.m. Month, Day, Year 4 8 '60 | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | | 20f. CITY, TOWN, OR LOCATION Joplin | | COUNTY Jasper | | STATE Mo |
| 21. I attended the deceased from 4/8/1960 to 4/9/60 and last saw him alive on 4/9/60 | | | | Death occurred at 10:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) M.D. | | | 22b. ADDRESS Joplin, Mo 420 Sycos Ave | | | 22c. DATE SIGNED 4/9/60 | | |
| 23a. BURIAL, CREATION, REMOVAL (Specify) burial | 23b. DATE 4-13-60 | 23c. NAME OF CEMETERY OR CREMATORY Park Cemetery | | 23d. LOCATION (City, town, or county) Carthage, Mo | | | | |
| 24. FUNERAL DIRECTOR ADDRESS KNEEL MORTUARY Carthage, Mo | | | 25. DATE RECD. BY LOCAL REG. 4-12-1960 | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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