

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039384

STATE FILE NUMBER

FILED VS NOV 10 1960

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 75

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan.</u>		Length of stay in 1b <u>3 Hours.</u>		c. CITY OR TOWN <u>Oxly.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ripley County Memorial Hospital.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1 Mi. S.W. of Oxly, Missouri.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Marilyn June Fouk.</u>				4. DATE OF DEATH Month Day Year <u>Oct. 17, 1960.</u>			
5. SEX <u>Female.</u>		6. COLOR OR RACE <u>White.</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>July 12, 1959.</u>	
				9. AGE (last birthday) <u>1.</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never Worked.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Never worked.</u>		11. BIRTHPLACE (City and state or country) <u>Ripley County, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA.</u>				13a. FATHER'S NAME <u>Amos Fouk.</u>			
13b. MOTHER'S MAIDEN NAME <u>Daisy Wilson.</u>				14. NAME OF HUSBAND OR WIFE <u>Never married.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>				16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT Address <u>Amos Fouk, Oxly, Missouri.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cardiac arrest.</u>							4
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Convulsions.</u>							
DUE TO (c) <u>Toxemia - Bacterial diarrhea.</u>							<u>3 days</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 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>10/14/60</u> to <u>10/17/60</u> and last saw her/him alive on <u>10/17/60</u> . Death occurred at <u>2:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>William Barnister, D.D.</u>				22b. ADDRESS <u>Doniphan, Mo.</u>		22c. DATE SIGNED <u>10/20/60.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		23b. DATE <u>Oct. 19, 1960.</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery.</u>		23d. LOCATION (City, town, or county) <u>Oxly, Missouri.</u>	
24. FUNERAL DIRECTOR <u>Ray Measor, Doniphan, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Nov. 1 - 1960</u>		26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.