

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019507

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 581 Primary Registration District No. 8099 Registrar's No. 60099 STATE FILE NUMBER

FILED MAY 21 1962

1. PLACE OF DEATH
 a. COUNTY LINN
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BROOKFIELD Length of stay in lb 6 Mos.
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION McLARNEY MANOR Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY LINN
 c. CITY OR TOWN LACLEDE Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4 MI. NE OF LACLEDE Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
WILLA ERMINE FOGERSON MAY 16 1962

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-24-1876 9. AGE (last birthday) 86
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) MARIONVILLE, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME PETERSON E. GRAMMER 13b. MOTHER'S MAIDEN NAME MARTHA HUBBARD 14. NAME OF HUSBAND OR WIFE WILLIAM E. FOGERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT MRS. ROSS WELSH, LACLEDE, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hypostatic pneumonia INTERVAL BETWEEN ONSET AND DEATH
 DUE TO (b) generalized arteriosclerosis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Senility

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Month, Day, Year Hour, a.m., p.m.
 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.) Brookfield 20f. CITY, TOWN, OR LOCATION Brookfield COUNTY Linn STATE Mo.

21. I attended the deceased from 5-11-62 and last saw her live on 5-16-62. Death occurred at 5-16-62 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. W. Bohm M.D. 22b. ADDRESS Brookfield Mo. 22c. DATE SIGNED 5/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 5-19-1962 23c. NAME OF CEMETERY OR CREMATORY AURORA CEMETERY 23d. LOCATION (City, town, or county) AURORA, Mo. (State)

24. FUNERAL DIRECTOR WRIGHT FUNERAL HOME, LACLEDE, Mo. ADDRESS May 17 62 25. DATE RECD. BY LOCAL REG. Anna Watson 26. REGISTRAR'S SIGNATURE

DATE AMENDED
 1 0585
 2 0580
 3 1
 4 1
 5 2
 6
 7 0
 8 2
 9 94500
 10
 11
 12 86-0
 13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 C. H. Knight

Licensed Embalmer No. 5167

P. O. Address Brookfield, 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.