B. Certf # 182

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005777
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 75

FILED FEB 28 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

6	269
8	269
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON CITY — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST MARYS HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: COLE
c. CITY OR TOWN: JEFFERSON CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 213 Johnson — Reside on Farm: Yes [ ] No [ ] X

3. NAME OF DECEASED (Type or print): First JOSEPH — Middle — Last FOUBISTER
4. DATE OF DEATH: Month FEB. Day 20, Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Widowed [ ] Never Married [X] Divorced [ ]
8. DATE OF BIRTH: Feb. 20/63
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HR: Hours 6, Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Richard Foubister
13b. MOTHER'S MAIDEN NAME: Johanna Rustemeyer
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Richard Foubister — Address: J C Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congenital atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): prematurity
DUE TO (c): premature rupture of membranes (maternal) — 5 wks
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 [X]
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: 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 2-20-63, to 2-20-63 and last saw her/him live on 2-20-63
Death occurred at 7:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold C Strickler MD
22b. ADDRESS: 515 E. High Jefferson City
22c. DATE SIGNED: 2-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/20/63
23c. NAME OF CEMETERY OR CREMATORY: Resurrection
23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR: Sylvester Dulle — ADDRESS: J C Mo.
25. DATE RECD. BY LOCAL REG.: 25 February 1963
26. REGISTRAR'S SIGNATURE: S Harris MD N Richter, Dep

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

0-6

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 Sylvester Durlle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.