

Dr. Hartley

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043505

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1614

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0397

20840

3

4 1

5 2

6

7 9

8 0

9 4330

10

11

12 4-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED NOV 26 1963

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY POLK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay, in 1b 1 DAY	c. CITY OR TOWN BOLIVAR Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT # 2 BOX # 103 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EMMA FOUSEK			4. DATE OF DEATH Month Day Year NOV. 18 1963
5. SEX FEMALE	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 UNKNOWN
9. AGE (last birthday) ABOUT 80		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) UNKNOWN
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. NAME OF HUSBAND OR WIFE JERRY FOUSEK (DEC.)	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		15. SOCIAL SECURITY NO. NO	
16. INFORMANT MRS. BERTHA PATEK, SEATTLE, WASH.		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) <u>Cardiac arrest</u> DUE TO (b) <u>aspiration & vagal reflex</u> DUE TO (c) <u>trauma, unknown etiology</u> Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 6 days
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 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>11-18-63</u> , to <u>11-18-63</u> and last saw her/him alive on <u>11-18-63</u> Death occurred at <u>10:45 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>Howard Hartley M.D.</u>		22b. ADDRESS <u>1550 E. SUNSHINE, SPRINGFIELD, MO.</u>	22c. DATE SIGNED <u>11-20-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE <u>11/25/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEWCOMERS CREMATORY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>11-22-63</u>	26. REGISTRAR'S SIGNATURE <u>Permie Madley</u>

USE BLACK INK OR TYPEWRITER RIBBON

UNIVERSITY OF MASSACHUSETTS

11-19-63
0840
0800
0-4

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 *Samuel L. Swadlow*

Licensed Embalmer No. 4815

P. O. Address *Springfield, Ma*

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.