DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7252

Registration District No. 2631 Primary Registration District No. Registrar's No. 203

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Rt. 1 Noel (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rt#1 Noel, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Since Aug, 1937

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin, Mo (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lucy Foote 36

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J. K. Foote (Deceased)

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 11, 1852 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	3	27	hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hiram Castelow
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Lucy Griffith
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant's own signature Mrs Fred Daily

(b) Address Rt#1 Noel, Mo.

17. (a) Fairview Cem (Burial, cremation, or removal) (b) Date thereof 2-16-40 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo Feb 16-1940

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Mo 465

19. (a) 2-23-1940 (Date received local registrar) (b) H C Alexander (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1940 hour 2:40 PM minute M.

21. I hereby certify that I attended the deceased from Feb 5, 1940, to Feb 12, 1940, that I last saw her alive on Feb 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Br. Pneumonia

Due to Influenza

Due to Chronic Bronchitis

Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations X

Of autopsy X

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. O. Bussell (M. D. or other)

Address Lanagan, Mo Date signed 2/16/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39 Rev. 5-17-39 1 X19511

REFERRED

[illegible] Officer No. 6,

District [illegible] 240-604

Date Filed FEB 26 1940

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Don Tetrick

Licensed Embalmer No. 4008

P. O. Address Joplin, 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 this body is not embalmed, above space should be left blank.