

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 238

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Joseph</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Buch.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1019 Fifth, Ave.</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>1019 Fifth, Ave.</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Jennettie</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Foulk</u>	(Month) <u>1</u>	(Day) <u>9</u>	(Year) <u>1949</u>	Female	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 15, 1858</u>		9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Do not know</u>		13b. MOTHER'S MAIDEN NAME <u>Do not know</u>		14. NAME OF HUSBAND OR WIFE <u>Henry C. Foulk</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'S SIGNATURE OR NAME ADDRESS <u>Mrs. C.R. Oxford-St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Deficiency</u>		DUPLICATE OF (b) <u>Coronary Insufficiency</u>				<u>2 mon</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE OF (c) <u>472.2</u>				<u>? yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>U</u>			
22. I hereby certify that I attended the deceased from <u>Aug 1946</u> to <u>Jan 1949</u> , that I last saw the deceased alive on <u>Dec 26, 1948</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert H. Conrad M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>Jan 9, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 22, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins 382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamer Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

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

191 18 1915

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.

Signed Charles M. Herman

Signed.....
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St Joseph

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, fact should be so stated above.