

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1950

State File No. ....

BIRTH NO. .... REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5666 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-West</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>H.</u> c. (Last) <u>Foehman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 24 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 26, 1867</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Days <u>6</u> Hours <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John E. Foehman</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MERKE</u>		14. NAME OF HUSBAND OR WIFE <u>Adath Edna Foehman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROBERT FOEHMAN LaGrange, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH:
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTEALIO SCLEROSIS</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 12, 1949, to JAN 24, 1950, that I last saw the deceased alive on JAN 23, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W R ELLIS M.D.</u>	23b. ADDRESS <u>LA GRANGE MO</u>	23c. DATE SIGNED <u>1/25/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 26, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>LaGrange MO</u>		

DATE REC'D BY LOCAL REG. <u>1-28-50</u>	REGISTRAR'S SIGNATURE <u>L P W Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul A. Slaughter LaGrange, MO.</u>
---	---	---

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

RECEIVED JAN 3 0 19  
District Health Officer No  
District File Number 1-58  
Date Filed JAN 3 0 19

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 .....  
Student Embalmer

Signed

*Paul A. Tangher*

Licensed Embalmer No.

*4509*

P. O. Address

*La Grange, 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, fact should be so stated above.