

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19744

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>143</u>
1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		
c. LENGTH OF STAY (in this place) <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>507 E. 5th St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Lee</u> c. (Last) <u>Foxworthy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 4, 1892</u>	9. AGE (In years last birthday) (Months) (Days) (If under 1 year: Hours) (Min.) <u>58</u> <u>1</u> <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>James A. Foxworthy</u>		13b. MOTHER'S MAIDEN NAME <u>Laura O'neal</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Foxworthy</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Foxworthy</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</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) <u>Eldon, Mo.</u>
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? _____
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>14</u> , to <u>June 16</u> 19 <u>50</u> , that I last saw the deceased alive on <u>June 16</u> , 19 <u>50</u> , and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Carl J. Lloyd, M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>6-16-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 16, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>
24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo. 63161 E.</u>		24e. (State) <u>Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 16-1950</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis M.D. - No 68</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kidwell</u>
				ADDRESS <u>Versailles, Mo.</u>

District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED JUN 2 1950

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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 .....  
Student Embalmer

Signed

*H. F. Kendall*

Licensed Embalmer No. 1596

P. O. Address Wesleyville, 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.