

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28192

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 6810
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Illinois b. COUNTY Benton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		c. LENGTH OF STAY (in this place) 11 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Benton
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Margaret		a. (First) K.	b. (Middle) Foxworthy	c. (Last) 1950
4. DATE OF DEATH (Month) (Day) (Year) August 10 1950		5. SEX F		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH June 30, 1914		9. AGE (in years last birthday) 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mississippi
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Ray Foxworthy		13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE Bud Ward Benton, Ill		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Periferal embolism INTERVAL BETWEEN ONSET AND DEATH 11 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease DUE TO (c) 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 checked="" 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? HIX
22. I hereby certify that I attended the deceased from July 31, 1950, to August 10, 1950, that I last saw the deceased alive on August 10, 1950, and that death occurred at 11:35 am., from the causes and on the date stated above.				
23a. SIGNATURE FR Bradley		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 8/10/50
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
24d. LOCATION (City, town, or county) (State) Benton, Ill		25. FUNERAL DIRECTOR'S SIGNATURE Bull Campbell		ADDRESS MORTUARY, 4215 Lindell
DATE REC'D BY LOCAL REG. AUG 11 1950		REGISTRAR'S SIGNATURE J. B. Baseler		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Rex E. Campbell*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3881

P. O. Address St Louis 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.