

S. No. 300
V. 10.48

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Star File No. **20746**

1644

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>208</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hannibal</u>)		c. LENGTH OF STAY (in this place) <u>33 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		<u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 Buchanan St.</u>				d. STREET ADDRESS (If rural, give location) <u>303 Buchanan St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u>		b. (Middle) <u>JACKSON</u>		c. (Last) <u>FOGLESONG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1951</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>Dec. 22, 1878</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Lancaster, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George F. Foglesong</u>		13b. MOTHER'S MAIDEN NAME <u>Talitha Eldridge</u>		14. NAME OF HUSBAND OR WIFE <u>Louisa Jane Foglesong</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Louisa J. Foglesong, 303 Buchanan Hannibal</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc.: It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion aortic</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>12 yrs.</u> <u>12 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>4201</u>		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 <u>June 14, 1951</u> , to <u>June 14, 1951</u> , that I last saw the deceased <u>alive on June 14, 1951</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert Lanning M.D.</u>		23b. ADDRESS <u>504 N. 13th Hannibal, Mo</u>		23c. DATE SIGNED <u>6-15-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6/18/51</u>		REGISTRAR'S SIGNATURE <u>H.C.F. Foglesong</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kathryn G. Schwartz</u>		ADDRESS <u>Hannibal, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 25 1951
MARION CO. HEALTH DEPT.
DATE FILED JUN 27 1951

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

Cecil E. Schwartz

Licensed Embalmer No. *2338*

P. O. Address. *Hammata, 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.