

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38130

State File No.

No. 300
10.48
FILED DEC 6 1951

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5764 Registrar's No. 52

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 township) OR TOWN <u>Rural Warren Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Warren Township</u>	
c. LENGTH OF STAY (in this place) <u>18 Months</u>		d. STREET ADDRESS (If rural, give location) <u>Philadelphia mo R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Philadelphia mo R.F.D.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Talbot</u> c. (Last) <u>Foley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9, 1951</u>
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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>Oct. 16, 1877</u>	9. AGE (In years last birthday) <u>74</u>	10. MONTHS <u>7</u>	11. DAYS <u>24</u>	12. IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer Ret 10 yrs</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Hamilton mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John T. Foley</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Talbot</u>	14. NAME OF HUSBAND OR WIFE <u>Georgia W. Foley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elbert G. Foley</u>	ADDRESS <u>Philadelphia mo R.F.D.</u>
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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 <u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>		<u>u</u>
	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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from AUG, 1942, to NOV 9, 1951, that I last saw the deceased alive on NOV 9, 1951, and that death occurred at 4:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Shriver</u> (Degree or title) _____	23b. ADDRESS <u>Philadelphie, MO.</u>	23c. DATE SIGNED <u>11-11-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barbery Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New London MO</u>
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DATE REC'D BY LOCAL REG. <u>11/12/51</u>	REGISTRAR'S SIGNATURE <u>R. M. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Sons</u>	ADDRESS <u>Morris City MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED NOV 30 1951
MAYOR . O. HEALTH DEPT.
DATE FILED DEC 4 1951

755186434

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 TM

working under my personal supervision.

Student Embalmer No.

Signed

Leslie L. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.