

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36039

State File No. _____

FILED NOV 15 1952

333

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>4450</u>		Registrar's No. <u>333</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Doniphan,</u>		c. LENGTH OF STAY (in this place) township) <u>16 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan</u> <u>0910</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1205 Jackson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>Thomson</u>		c. (Last) <u>Foard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31, 1952</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>Oct. 11, 1870</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>20</u>		IF UNDER 4 HRS. Hours <u>0</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William A. Foard</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Greer</u>		14. NAME OF HUSBAND OR WIFE <u>Bera B. Foard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bera B. Foard Doniphan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>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>Cardiac failure</u> DUE TO (c) <u>arteriosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>10 years</u> <u>20 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>Dec</u> , 19 <u>49</u> , to <u>Oct</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 31</u> , 19 <u>52</u> , and that death occurred at <u>7:25 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank C. Johnson, M.D.</u>				23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>10/31/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 2, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>H 4-5-2</u>		REGISTRAR'S SIGNATURE <u>W. H. Johnston</u>		277		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maughn Edwards Doniphan, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 7 1958

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 George A. Keefe

Signed _____
Student Embalmer

Licensed Embalmer No. 4752

P. O. Address Denison, N.J.

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.