

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17778

State File No.

FILED JUN 2 1953

BIRTH NO.		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy 0402</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Grundy 0402</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>5 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 E 7th</u>				d. STREET ADDRESS (If rural, give location) <u>801 E 7th</u>			
3. NAME OF DECEASED a. (First) <u>CLARA</u>		b. (Middle) <u>MAUDE</u>		c. (Last) <u>FOOT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 11 1868</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alphonso Henderson</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Strain</u>			14. NAME OF HUSBAND OR WIFE <u>Henry Foot (dec)</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Paul McDonald</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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				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)			
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>June 5, 1952</u> , to <u>May 14, 1953</u> , that I last saw the deceased alive on <u>May 14, 1953</u> , and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph W. Quisito M.D.</u>				23b. ADDRESS <u>Trenton MO</u>		23c. DATE SIGNED <u>May 18, 53</u>	
24a. BURIAL/CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>MAY 19, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HawKeye Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>HawKeye town, MO</u>	
DATE REC'D BY LOCAL REG. <u>5-1953</u>		REGISTRAR'S SIGNATURE <u>Quisito</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>David Blackmore Trenton, MO</u>			

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

D. Quisito

(Licensed Embalmer's Statement on Reverse Side)

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 *Harold L. Roberts*

Licensed Embalmer No. *4920*

P. O. Address *Trenton, 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.