

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27777

State File No.

FILED AUG 17 1953

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 871	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 84 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		d. STREET ADDRESS (If rural, give location) 2236 Jules St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) DREW c. (Last) FOULK			4. DATE OF DEATH (Month) (Day) (Year) July 30, 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 13, 1867	
9. AGE (In years) last birthday 86		10. UNDER 1 YEAR Months Days		11. UNDER 1 HR. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & teacher				10b. KIND OF BUSINESS OR INDUSTRY Home, & public school		11. BIRTHPLACE (City and State or Foreign Country) Hammondsport, New York	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Henry C. Foulk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louise Parks-2236 Jules St.,			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, general DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days 10 years	
19a. DATE OF OPERATION 7-22-1953		19b. MAJOR FINDINGS OF OPERATION Fracture left femur				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Buchanan, Missouri		21f. HOW DID INJURY OCCUR? Fell in home	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7-20-53 10:00am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from July 20, 1953 , to July 30, 1953 , that I last saw the deceased alive on July 30, 1953 , and that death occurred at 2:20p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>John T. ...</i>				23b. ADDRESS 420 No. 8th St., St. Joseph, Mo		23c. DATE SIGNED 8-8-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-1-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Aug 10, 1953		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Heaton-Bowman Funeral Home</i>		ADDRESS Heaton-Bowman Funeral Home	

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

St. Joseph, Mo.

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 1/2th St Joseph, 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.