

NOV 9 1954
Dr. J. J. ...

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 799

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>1082</u>	
d. FULL NAME OF (If not in hospital or institution, give name of institution) HOSPITAL OR INSTITUTION <u>Tates Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>411 S. Pruitt St. - Nevada Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jessie</u>	b. (Middle) _____	c. (Last) <u>Foland</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-30-1954</u>
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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 1st - 1893</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>71 0 29</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Schell City, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Orvil Shelly Boswell</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Belt</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased - Floyd Foland</u>
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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 <u>Glady's Balk</u> ADDRESS <u>401 S. Pruitt Nevada Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>4500</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) m. _____	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 May 22, 1947, to Oct 30, 1954 that I last saw the deceased alive on Oct 17, 1954 and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray W. Pearce, M.D.</u>	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>11/2/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 1st 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Vernon Mo.</u>
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DATE REC'D BY LOCAL REG <u>11-4-1954</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes Funeral Service Inc.</u> ADDRESS <u>Nevada Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *H. H. Marmaduke*.....

Licensed Embalmer No. *2079*.....

P. O. Address *Wade, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.