

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8493

BIRTH NO. _____ REG. DIST. NO. 1846 PRIMARY REG. DIST. NO. 3026 Registrar's No. 123

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence | | c. CITY OR TOWN Independence | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 53 years | | e. STREET ADDRESS (If rural, give location) 2316 Hawthorne | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence, 2316 Hawthorne | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Otis b. (Middle) William c. (Last) Folscroft | | | 4. DATE OF DEATH (Month) (Day) (Year) March 29, 1955 | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | |
| 8. DATE OF BIRTH Jan. 22, 1902 | | 9. AGE (In years last birthday) 53 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | |
| 11. BIRTHPLACE (City and State or Foreign Country) 0 Co. Kansas City, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | | 10b. KIND OF BUSINESS OR INDUSTRY Rubberoid Roofing Co. | | 11. BIRTHPLACE (City and State or Foreign Country) 0 Co. Kansas City, Mo. | |

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| 13a. FATHER'S NAME Chas. Folscroft | | 13b. MOTHER'S MAIDEN NAME Fannie Simpson | | 14. NAME OF HUSBAND OR WIFE Mrs. Pearl Folscroft | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. 496 01 7612 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Folscroft, Independence, Mo. | |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure | | INTERVAL BETWEEN ONSET AND DEATH Indefinite | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Coronary Artery Occlusion | | Immediate | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 1-29, 1955, to 3-29, 1955, that I last saw the deceased alive on 2-15, 1955, and that death occurred at 5:15A m., from the causes and on the date stated above.

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| 23a. SIGNATURE Fred J. Jammar (Degree or title) | | 23b. ADDRESS 113 1/2 W Levington Indep Mo | | 23c. DATE SIGNED 3/29/55 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3/31/55 | | 24c. NAME OF CEMETERY OR CREMATORY Trading Post Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Trading Post, Kansas. | |

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| DATE REC'D BY LOCAL REG. 3-31-55 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Independence, Mo. | |
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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 *Leo E. Brown*

Licensed Embalmer No. *479*

P. O. Address *Indeo*

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.