

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17940

State File No.

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Crest</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Lawn</u> #120	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>9120 S Sproat</u> #8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Messenger's Resort</u>			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Mitchel c. (Last) Fodgmet 4. DATE OF DEATH (Month) (Day) (Year) July 6-1955

5. SEX male 6. COLOR OR RACE whit 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Nov. 19-1900 9. AGE (In years, last birthday) 54 10. MONTHS 1 11. HOURS 4 12. MIN. 0

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Saylor (Men) 10b. KIND OF BUSINESS OR INDUSTRY Men's clothing 11. BIRTHPLACE (City and State or Foreign Country) Coal City, Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Fodgmet 13b. MOTHER'S MAIDEN NAME Mary Lucaba Estell Grammus 14. NAME OF HUSBAND OR WIFE as above

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) no 16. SOCIAL SECURITY NO. 322-09-8760 17. INFORMANT'S SIGNATURE OR NAME Mrs J M Fodgmet ADDRESS as above

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 40 min

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 4201 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 6, 1955 to July 6, 1955, that I last saw the deceased alive on July 6, 1955, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. Attabury 23b. ADDRESS Dr. Camden, Mo. 23c. DATE SIGNED 7-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 7-9-1955 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 24d. LOCATION (City, town, or county) (State) Justice Town, Ill.

DATE REC'D BY LOCAL REG. July 7-1955 REGISTAR'S SIGNATURE Zilpha Inaw 25. FUNERAL DIRECTOR'S SIGNATURE Hejisa Edward ADDRESS 5130 W. Cicero St. Cicero, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

PODZEMEK can supply ink

Remover

Illinois

AUG 23 1955

AUG 9 1955

JUL 28 1955

AUG 8 1955

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 Abbie Bankson Wooler

Licensed Embalmer No. 2488

P. O. Address Camden

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.