

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21152

FILED AUG 8 - 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 807

1. PLACE OF DEATH a. COUNTY <p align="center">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Joseph</p>		c. LENGTH OF STAY (In this place) <p align="center">60 years</p>		c. CITY OR TOWN <p align="center">St. Joseph</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">1603 Sycamore St.</p>		e. STREET ADDRESS (If rural, give location) <p align="center">1603 Sycamore St.</p>			

3. NAME OF DECEASED (Type or Print) a. (First) Francis			b. (Middle) Marion			c. (Last) Foulk			4. DATE OF DEATH (Month) (Day) (Year) August 1, 1955		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH April 6, 1869		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) brick layer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Grundy County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Henry Foulk			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND/OR WIFE Leona		
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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		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. T. Jeffers		ADDRESS 1603 Sycamore, St. Joseph,	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Encephalopathy.						INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension						unknown	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, general						unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 447x				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) (Min.)		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 July 31, 1955, to August 1, 1955, that I last saw the deceased alive on July 31, 1955, and that death occurred at 1:45a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Allen Isherman		23b. ADDRESS M. D. O 706 Francis, St. Joseph, Mo.		23c. DATE SIGNED 8/2/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/4/1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
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DATE REC'D BY LOCAL REG. Aug. 5, 1955		REGISTRAR'S SIGNATURE Catharine M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Wheaton - Bowman - St. Joseph, Mo.		ADDRESS	
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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 em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Richard D. Collins

Licensed Embalmer No. *495*

P. O. Address.....
St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.