No. 300
10.48

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27256

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 130

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1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richland, Missouri
c. LENGTH OF STAY (in this place) 3½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pulaski
c. CITY OR TOWN Richland, Mo.
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) None.

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3. NAME OF DECEASED (Type or Print) a. (First) Asher b. (Middle) Lee c. (Last) Foote

4. DATE OF DEATH (Month) 8- (Day) 17- (Year) 55

5. SEX Male 9
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 7, 1868
9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY None.
11. BIRTHPLACE (City and State or Foreign Country) Frenchlick, Indiana 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME W.A. Foote.
13b. MOTHER'S MAIDEN NAME Adaline Pennik
14. NAME OF HUSBAND OR WIFE Mary L. Hendricks.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charley Berry Richland, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bed Fastness
DUE TO (c) Cardio - vascular renal disease + oldage

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 442X
20. AUTOPSY? YES [ ] NO [X]

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) m.
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* April, 1955, *to* Aug 17, 1955, *that I last saw the deceased alive on* Aug 17, 1955, *and that death occurred at* 9 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE L. L. Myers (Degree or title) D.O. 2
23b. ADDRESS Richland, Missouri
23c. DATE SIGNED 8/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/19/55
24c. NAME OF CEMETERY OR CREMATORY Colley Hollow Cemetery
24d. LOCATION (City, town, or county) (State) Richland, Mo Rural

DATE REC'D BY LOCAL REG. 8-19-55
REGISTRAR'S SIGNATURE Eula Mae Anderson 408
25. FUNERAL DIRECTOR'S SIGNATURE B. Hedges Richland Mo ADDRESS Hedges Funeral Home Richland, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Pulaski County Health Office
File Number 8-57-55
Date Filed 8-19-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence E Moss

Licensed Embalmer No. 489

P. O. Address [illegible]

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