

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **823**

FILED JAN 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5367** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Monroe Twp.</b>		c. LENGTH OF STAY (in this place) <b>60 Yrs.</b>	c. CITY OR TOWN <b>Rural</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <b>4 mi. north of Nettleton</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jonathan</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Foley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 10, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 28, 1868</b>
9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Hamilton, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>E. M. Foley</b>	
13b. MOTHER'S MAIDEN NAME <b>Laura Brosius</b>		14. NAME OF HUSBAND OR WIFE <b>Jane Ann Foley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>497-40-5139</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Esther Foley - Nettleton, Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Longstanding heart failure</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____		
22. I hereby certify that I attended the deceased from <b>Nov</b> , 1954, to <b>Jan. 7</b> , 1956, that I last saw the deceased alive on <b>Jan 7</b> , 1956, and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Howard Coates M.D.</b>		23b. ADDRESS <b>Hamilton, Mo</b>	23c. DATE SIGNED <b>Jan 12, 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-12-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lickfork Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Monroe Twp., Daviess Co., Mo.</b>
DATE REC'D BY LOCAL REG. <b>1-14-56</b>	REGISTRAR'S SIGNATURE <b>Suzanna M Engelsch</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Morris A. Bream Hamilton, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Morris A. Brown*

Licensed Embalmer No. *39*

P. O. Address *Hamil*

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.