

STANDARD CERTIFICATE OF DEATH

4219

State File No.

FILED FEB 20 1956

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 5

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| 1. PLACE OF DEATH a. COUNTY <u>Crawford</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Reelsville, 2 Mi. N. of Reelsville</u> | | c. CITY OR TOWN <u>Reelsville</u> | d. If Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>2 Mo's</u> | | e. STREET ADDRESS (If rural, give location) <u>0 280</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home of Dick Veach</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Marginda</u> b. (Middle) <u>Frances</u> c. (Last) <u>Foust</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 1956</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH (In years) (Month) (Day) (Hour) (Min.) <u>Feb 8 1875</u> <u>8 1 0 7</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mitchell, Arkansas</u> |
| 13a. FATHER'S NAME <u>Wm. V. White</u> | | 13b. MOTHER'S MAIDEN NAME <u>May Collins</u> | 14. NAME OF HUSBAND OR WIFE <u>John Foust (Dec'd)</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT(S) SIGNATURE, OR NAME AND ADDRESS <u>Rodney Veach, R. 7, Reelsville, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> | | ANTECEDENT CAUSES | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) <u>Coronary Arteriosclerosis</u> | | |
| | | DUE TO (c) <u>Arteriosclerosis coronary</u> | | |
| 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 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) <u>4201</u> |
| 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? |

22. I hereby certify that I attended the deceased from Feb 15 1956 to Feb 15 1956, that I last saw the deceased alive on Feb 15 1956, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>A. R. Courman</u> | 23b. ADDRESS <u>H. D. Reelsville, Mo.</u> | 23c. DATE SIGNED <u>2-16-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-17-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Reelsville Hill Cemetery</u> |
| 24d. LOCATION (City, town or county) (State) <u>Reelsville, Mo.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>505 S. Main St. Reelsville, Mo.</u> | |

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| DATE REC'D BY LOCAL REG. <u>2/17/56</u> | REGISTRAR'S SIGNATURE <u>Mr. Hazel Lichner</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>505 S. Main St. Reelsville, Mo.</u> |
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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 347

P. O. Address. Cuba, Mo.

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.