

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **12537**

FILED APR 17 1957

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 36			
1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Clinton					
b. CITY OR TOWN Cameron		c. LENGTH OF STAY (In this place) 16		c. CITY OR TOWN Cameron		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 424 S. Walnut				e. STREET ADDRESS (If rural, give location) 424 S Walnut 02510					
3. NAME OF DECEASED (Type or Print) a. (First) Ray		b. (Middle) Clifford		c. (Last) Foreman		4. DATE OF DEATH (Month) (Day) (Year) 4 10 57			
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 31, 1885		9. AGE (In years last birthday) 72.	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, except retired) Merchant, retail		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Lamona Iowa		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME Joseph Foreman		13b. MOTHER'S MAIDEN NAME Sara Davis		14. NAME OF HUSBAND OR WIFE Ruby Foreman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 487-01-6039		17. INFORMANT'S SIGNATURE OR NAME Ruby Foreman		ADDRESS Cameron			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION					
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 10 hrs.			
				ANTECEDENT CAUSES		DUE TO (b) Purulent urinary cystitis		1 yr.	
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Primary carcinoma of prostate gland		3 yrs.	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. Left hemiplegia from cerebral thrombosis		15 mo			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		177X		20. AUTOPSY? 2 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) (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 10-1-1950 to 4-10-1957 , that I last saw the deceased alive on 4-9-1957 , and that death occurred at 3:00 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title) Dr.				23b. ADDRESS Cameron Mo		23c. DATE SIGNED 4/11/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-57	24c. NAME OF CEMETERY OR CREMATORY Lamona Rose Hill		24d. LOCATION (City, town, or county) (State) Lamona Iowa				
DATE REC'D BY LOCAL REG. 4-12-57		REGISTRAR'S SIGNATURE Francis D. Crawford		FUNERAL DIRECTOR'S SIGNATURE Walter Funeral Home		ADDRESS Cameron			

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

531

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 *Robert F. Balard*

Licensed Embalmer No. *4777*.....

P. O. Address *Cameron Md*.....

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.