

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 9 1957 '57 027718  
State File No. 76

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 76

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|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Carroll</u>              |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u> |   |
| b. CITY OR TOWN <u>Carrollton</u>                          | c. LENGTH OF STAY (in this place) <u>3 yrs.</u> | c. CITY OR TOWN <u>Carrollton</u>  | 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 <u>Bales Hosp.</u> |   | e. STREET ADDRESS (If rural, give location) <u>304 W. Benton</u>   |   |

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| 3. NAME OF DECEASED<br>(Type or Print) <u>EDWARD</u> a. (First) <u>FOERSCHLER</u> b. (Middle) <u>-</u> c. (Last) | 4. DATE OF DEATH <u>Aug 30 1957</u><br>(Month) (Day) (Year) |
|--|---|

|                    |                               |  |                                       |  |
|--------------------|-------------------------------|--|---------------------------------------|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>Nov. 14, 1881</u> | 9. AGE (In years last birthday) <u>75</u><br>if under 1 year: Months _____ Days _____ if under 2 yrs. Hours _____ Min. _____ |
|--------------------|-------------------------------|--|---------------------------------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Clerk</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Amour &amp; Co.</u> | 11. BIRTHPLACE: (City and State or Foreign Country) <u>Kansas City Kans</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 15a. FATHER'S NAME <u>Andrew Foerschler</u> | 13b. MOTHER'S MARRIEN NAME <u>Bertha Dagenhardt</u> | 14. NAME OF HUSBAND OR WIFE <u>Dora Foerschler</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Foerschler</u> ADDRESS <u>Carrollton Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br><u>Coronary Occlusion</u><br><u>due in infection</u><br><u>Coronary disease of heart</u><br><u>atherosclerosis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr</u><br><u>3 yr</u><br><u>6 yr</u> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)                        |  |   |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                      |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>2</u><br>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)<br><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 8:30, 1957, to 8:30, 1957, that I last saw the deceased alive on 8:30, 1957, and that death occurred at 4:00 m., from the causes and on the date stated above.

|   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Cyril J. Caldwell</u> (Degree or title) | 23b. ADDRESS <u>Carrollton Mo</u> | 23c. DATE SIGNED <u>8-30-57</u> |
|---|-----------------------------------|---------------------------------|

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|--|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>9-1-57</u> | 24c. NAME OF CEMETERY OR GRMATORY <u>Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kans.</u> |
|--|-------------------------|--|---|

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| DATE REC'D BY LOCAL REG. <u>9/1/57</u> | REGISTRAR'S SIGNATURE <u>Mrs. Verhel Calvert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

50

JAN 5 1959

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.