

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **10506**

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5688 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence last admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin Twp. (Rural)</u>		c. LENGTH OF STAY (In this place) <u>89 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin Twp. (Rural)</u>		<u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) <u>1 mile n.e. of Bucklin</u>	

3. NAME OF DECEASED (Type or Print) <u>Sarah Foltz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 18, 1953</u>		
5. SEX <u>f.m.</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 13, 1859</u>		9. AGE (In years last birthday) <u>93</u>
				# UNDER 1 YEAR <u>3</u>	# UNDER 1 MRS. <u>5</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sibley, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Newton Handy</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Smith</u>		14. NAME OF HUSBAND OR WIFE <u>George Foltz</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tena Griffin</u>		ADDRESS <u>Bucklin, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Arteriosclerosis</u>		DUE TO (b) <u>Congestive heart failure</u>				<u>3 wks.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertensive Cardiovascular Dis.</u>				<u>10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Senility</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>				20. AUTOPSY? 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)	
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 Nov. 6, 1947, to March 18, 1953, that I last saw the deceased alive on March 18, 1953, and that death occurred at 6:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Rapha Robert M.D.</u>		23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>3/19/1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bucklin, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3/20/1953</u>		REGISTRAR'S SIGNATURE <u>Nadine Stambach Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u>		ADDRESS <u>Bucklin, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1580

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
Student Embalmer

Signed *C. A. Larson*

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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 this body is not embalmed, fact should be so stated above.