URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-002419
STATE FILE NUMBER

FILED VS FEB 8 1960 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 12

NDED

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Brookfield
Length of stay in 1b: 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 715 Snow Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Linn
c. CITY OR TOWN: Brookfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 516 Laclede Ave.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First IDA Middle F. Last FOLTZ

4. DATE OF DEATH: Month Day Year: February 2, 1960

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb. 14, 1881
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Mendon, Missouri
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: Charles Edgar
13b. MOTHER'S MAIDEN NAME: Elizabeth Leggett
14. NAME OF HUSBAND OR WIFE: Edward Foltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Ernest Foltz, Brookfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Adenocarcinoma of Stomach.
INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Uremia -

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY Hour a.m. p.m. — Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-25-48. to 2-2-60. and last saw her/him alive on
Death occurred at 2-2-60. 1 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): K. W. Bohnsack MD
22b. ADDRESS: Brookfield Mo.
22c. DATE SIGNED: 2/3/60.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 4, 1960
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Brookfield, Mo.

24. FUNERAL DIRECTOR ADDRESS: Wright Funeral Home, Brookfield, Mo.
25. DATE RECD. BY LOCAL REG.: 2-4-60
26. REGISTRAR'S SIGNATURE: Kathaline Johnson Dep.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold B Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.