

FILED AUG 14 1945
37

State File No.

Registration District No.

Primary Registration District No. 3023

Registrar's No. 152

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7/17/45 to
In this community 7/29/45 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Dick Foale

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Foale

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased. August (Month)

20 (Day) 1886 (Year)

8. AGE:

58

Years

Months

11

Days

9

If less than one day

hr. min.

9. Birthplace.

(City, town, or county)

Farming

Iowa

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Phillip Foale

13. Birthplace

(City, town, or county)

Indiana

(State or foreign country)

14. Maiden name

Harriet Green

15. Birthplace

(City, town, or county)

Illinois

(State or foreign country)

16. (a) Informant

Osceola Missouri

(b) Address

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof. 8-1-45

(Month) (Day) (Year)

(c) Place: burial or cremation

Osceola Cemetery

18. (a) Signature of funeral director

Osceola Missouri

(b) Address

19. (a)

July 31

(Date received local registrar)

(b) Myrtle Brown

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93
(c) City or town Osceola 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1945 hour 11 minute 05 M.

21. I hereby certify that I attended the deceased from 7/17/45
to 7/29/45
that I last saw him alive on Sunday 7/29/45
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Has had previous attack
Due to operated 12 days before for
Due to acute obstruction of heart

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations acute obstruction of heart with suppurative
Of autopsy apex

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

Signature Bus I. Wright 2
Address 7/29/45

RECEIVED

Dis. Officer No. 7,

Dis. No. 7-45-816

Date Filed 8-13-45

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
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

J. B. Broadrick

Licensed Embalmer No.

3038

P. O. Address

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