

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 13 1948

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
4099

State File No. **32292**
Registrar's No. **178**

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Pleasant Hill, Mo.
(c) Name of hospital or institution:
207 South Armstrong
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 years
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill, Mo.
(d) Street No. 207 South Armstrong
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Artie Lee Foote
(b) If veteran, ✓ name war _____
(c) Social Security No. 487-88-0686

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 3
year 1948 hour ? minute ? M.
21. I hereby certify that I attended the deceased from 1-22-47
to June 28, 1948.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced marrie
(b) Name of husband or wife Luke Wyatt
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 21, 1887
(Month) (Day) (Year)

that I last saw him alive on June 28, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Acute coronary occlusion
Duration instant
Due to Coronary atherosclerosis 2 yrs

8. AGE: Years 61 Months 2 Days 12
If less than one day _____ hr. _____ min.

Due to _____
Other conditions Mild hypertension
(Include pregnancy within 3 months of death)

9. Birthplace Lone Jack Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Peace Officer

PHYSICIAN
Major findings:
Of operations None
Of autopsy None - 9/4/48
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Thomas Foote Ky.
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Rodie Stevens
15. Birthplace ? Va.
(City, town, or county) (State or foreign country)

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)
(e) Means of injury _____

16. (a) Informant Artie Foote
(b) Address Pleasant Hill, Mo.
17. (a) Burial (b) Date thereof 10-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.
18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Mo.
19. Oct. 9-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

23. Signature Artie Foote (M. D. or other) MD
Address Pleasant Hill, Mo. Date signed 5 Oct 1948

MAR 16 1949

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 *Allen Brownfield*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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.