

FILED MAR 30 1949

STANDARD CERTIFICATE OF DEATH

State File No. **9195**

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Marion County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethel.</u>	
c. LENGTH OF STAY (in this place) <u>3 wks 2 da</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. ELIZABETH Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Myrtle</u>	b. (Middle) <u>Geda</u>	c. (Last) <u>Foley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 17 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 11 - 1885</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR <u>7</u> Months <u>6</u> Days	IF UNDER 2 HRS. Hours Min.
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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	11. BIRTHPLACE (State or foreign country) <u>Shelby County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Lewis Christman</u>	13b. MOTHER'S MAIDEN NAME <u>Luerena Kelso</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Jefferson Foley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. James J. Foley, Bethel, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>one hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>previous surgery</u> DUE TO (c) <u>122</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>3/12/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca of Leonard Cholecystitis</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) m.	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 Feb. 22, 1949, to Mar. 17, 1949, that I last saw the deceased alive on Mar. 17, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. C. Fisher</u>	23b. ADDRESS <u>1001 Pleasant St.</u>	23c. DATE SIGNED <u>3/19/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar. 19-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Shelby County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/21/49</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Luette</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Fisher, 1001 Pleasant St., Bethel, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6434

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. W. Musgrove

Licensed Embalmer No. 2719

P. O. Address Bethel, 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.