

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27467

No. 300
10.48

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

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-JACKSON TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-JACKSON TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. 3, PARIS</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3, PARIS, MO.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNA</u> b. (Middle) <u>MAGGIE</u> c. (Last) <u>FOREMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 19 1949</u>
5. SEX <u>FEMALE</u>	16. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 27, 1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	9. AGE (In years last birthday) <u>86</u> If UNDER 1 YEAR: Months <u>7</u> Days <u>22</u> If UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
11a. FATHER'S NAME <u>LEWIS TULL</u>		11b. MOTHER'S MAIDEN NAME (First Name U.K.) <u>HANKINS</u>	11. BIRTHPLACE (State or foreign country) <u>ILL.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		14. NAME OF HUSBAND OR WIFE <u>PETER FOREMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. K. Foreman</u>		ADDRESS <u>M.C. Mo.</u>	
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.			19. INTERVAL BETWEEN ONSET AND DEATH <u>N.I.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy.</u>			14 yrs attended
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac decompensation</u> DUE TO (c) <u>and respiratory failure</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>+ Hypertension - age</u>			
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>334</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>	
22. I hereby certify that I attended the deceased from <u>8-18</u> , 19 <u>49</u> , to <u>8-18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-18</u> , 19 <u>49</u> , and that death occurred at <u>2:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter S. Christman</u> (Degree or title) <u> </u>		23b. ADDRESS <u>PARIS, MO.</u>	23c. DATE SIGNED <u>8-19-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG. 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>
DATE REC'D BY LOCAL REG. <u>8-20-49</u>	REGISTRAR'S SIGNATURE <u>Elbert Baker</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>205 Speed & Slakey</u>	ADDRESS <u>PARIS, MO</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 24 1949
District Health Officer N
District File Number 8-49-
Date Filed AUG 31 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, 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.