

FILED DEC 8 1949

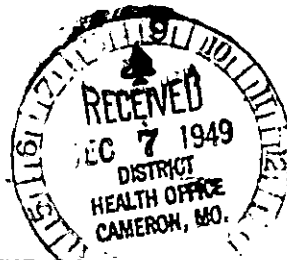
STANDARD CERTIFICATE OF DEATH

State File No. 40039

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 16294		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Greene Township		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Greene Township		117	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grant City				d. STREET ADDRESS (If rural, give location) Grant City			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) Jane		c. (Last) Foland		4. DATE OF DEATH (Month) (Day) (Year) November 21 1949	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 10 1881		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 8 Days 11	IF UNDER 24 HRS. 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 housewife		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles M. Adams		13b. MOTHER'S MAIDEN NAME Rachel Ellen McCord		14. NAME OF HUSBAND OR WIFE Hugh Foland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Hugh Foland Grant City, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH 1 hour 30 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 November 21, 1949 , to November 21, 1949 , that I last saw the deceased alive on 21 Nov , 1949, and that death occurred at 10:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank B. Matheson M.D.				23b. ADDRESS Grant City		23c. DATE SIGNED 11/23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-24-1949		24c. NAME OF CEMETERY OR CREMATORY Mount Vernon Cemetery		24d. LOCATION (City, town, or county) (State) Grant City, Mo.	
DATE REC'D BY LOCAL REG. Dec. 5 - 1949		REGISTRAR'S SIGNATURE Leta E. Dawson 345		25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Duffell		ADDRESS Grant City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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



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

Irish C. Dingle

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.