No. 300
10-48

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3641

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6230 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Metz-rural-Metz Twp
c. LENGTH OF STAY (In this place): 48 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-1 Mile West-Metz, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Metz-rural-Metz Twp.
d. STREET ADDRESS (If rural, give location): 1 mile west of Metz, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First): Gertrude
b. (Middle): Irene
c. (Last): Foreman

4. DATE OF DEATH (Month) (Day) (Year): January-15-1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April-27-1860
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — 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: ----------
11. BIRTHPLACE (State or foreign country): Agency City, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Michael Creamer
13b. MOTHER'S MAIDEN NAME: Sarah Gelfner
14. NAME OF HUSBAND OR WIFE: Thomas Foreman (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Donald L. Foreman-Hume, Mo. — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: one year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Phenic Rhumatism
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 7220

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Aug, 1948, *to* Jan 15, 1950, *that I last saw the deceased alive on* Jan 11, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Rich Hill Mo
23c. DATE SIGNED: Jan 17 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 18, 1950
24c. NAME OF CEMETERY OR CREMATORY: Balltown
24d. LOCATION (City, town, or county) (State): Vernon County Missouri

DATE REC'D BY LOCAL REG.: Jan. 18, 1950
REGISTRAR'S SIGNATURE: Kathryn H. Yancey 331
25. FUNERAL DIRECTOR'S SIGNATURE: Booth Funeral Serv. — ADDRESS: Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 12-49-198
Date Filed 1-24-57

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 Robert D. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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