

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9202**

FILED MAR 16 1950

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **34**

5493

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 530 Oak St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			

04190

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) ELLEN c. (Last) FOLAND			4. DATE OF DEATH (Month) (Day) (Year) Feb 15, 1950		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH Feb 2, 1872		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 0 Days 13 IF UNDER 4 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired employee Carthage Press			10b. KIND OF BUSINESS OR INDUSTRY Carthage Press		11. BIRTHPLACE (State or foreign country) Strawtown, Indiana
					12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Foland		13b. MOTHER'S MAIDEN NAME Opheia F. Wilkins		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-10-0119		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. Mrs. E.E. Hiatt, 532 Oak, Carthage, Mo	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic interstitial			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis, Chronic, interstitial			
		DUE TO (c) Nephritis, Chronic, interstitial			5 yrs
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			502X

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Oct 5, 1934**, to **Feb 15, 1950**, that I last saw the deceased alive on **Feb 15, 1950**, and that death occurred at **6:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Wood M.D.		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 2-16-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb 17, 1950		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
				24d. LOCATION (City, town, or county) (State) Carthage, Missouri	

DATE REC'D BY LOCAL REG. 2/17/50		REGISTRAR'S SIGNATURE L.B. Center		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-20-50

Jasper County Health Office

County File Number 50-2-103

Date Filed 3-13-50

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 _____

GENE H. PARRENT

Student Embalmer No. 349

working under my personal supervision.

Student

Gene H. Parrent
Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address

Carthage

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.