

FILED MAY 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 13431

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 77

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) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - Madison Township	
c. LENGTH OF STAY (in this place) 45 years		d. STREET ADDRESS (If rural, give location) Route 1, Reeds, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) OLLIE	b. (Middle) EDWIN	c. (Last) FOLAND	4. DATE OF DEATH (Month) (Day) (Year) April 14, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feby 23, 1889	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 1	IF UNDER 4 HRS. Days 21	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired electrician	10b. KIND OF BUSINESS OR INDUSTRY Empire Light Co	11. BIRTHPLACE (State or foreign country) Strawtown, Indiana /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Foland	13b. MOTHER'S MAIDEN NAME Adaline Morris	14. NAME OF HUSBAND OR WIFE Lillian Cushman Foland
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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 Mrs. Ollie Foland, Rt 1, Reeds, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 18 hours 156 hrs. 4 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<i>Polymyoma Edema due to coronary occlusion + cardiac failure</i>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	<i>Atherosclerosis Generalized</i>	
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chromocystitis severe</i>		

19a. DATE OF OPERATION	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
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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?
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22. I hereby certify that I attended the deceased from 4-10-1950, to 4-14-1950, that I last saw the deceased alive on 4-12-1950, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>L. B. Christian</i> (Degree or title)	23b. ADDRESS 314 Grant Carthage Mo	23c. DATE SIGNED 4-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 16, 1950	24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	24d. LOCATION (City, town, or county) (State) Rt 1, Carthage, Mo.
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DATE REC'D BY LOCAL REG. 4/15/50	REGISTRAR'S SIGNATURE L. B. Christian	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KNELL MORTUARY, Carthage, Mo.
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Permit to prepare (Licensed Embalmer's Statement on Reverse Side)

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

49 20

RECEIVED 4-24-50
Jasper County Health Office

County File Number 50-3-341

Date Filed 4-28-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

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.