

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36816

State File No.

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 5497 Registrar's No. 4

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Harrison</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Home Eagleville</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Harrison</u>
c. LENGTH OF STAY (in this place)	d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Eagleville, Mo 0410</u>	d. STREET ADDRESS <u>None</u>

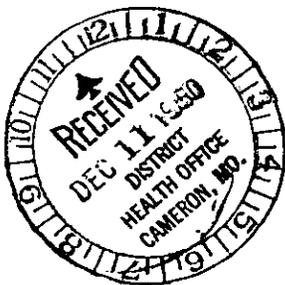
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <u>SyLVANIA</u>	b. (Middle) <u>Foreman</u>	c. (Last)	(Month) <u>Feb.</u>	(Day) <u>23,</u>
(Year) <u>1950</u>			(Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb 26, 1912</u>	
9. AGE (In years last birthday) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>		11. BIRTHPLACE (State or foreign country) <u>West of Eagleville, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James Foreman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bennett</u>
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>W.A. Little</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma head of Pancreas -</u>		ANTECEDENT CAUSES		<u>1 yr</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		<u>757X</u>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Myocarditis.</u>		<u>5 yr</u>
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)	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 1946, 1946, to 2-23, 1950, that I last saw the deceased alive on 2-5, 1950, and that death occurred at 11:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.A. Little</u>	23b. ADDRESS <u>Mo</u>	23c. DATE SIGNED <u>2/23/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 26, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo</u>	DATE REC'D BY LOCAL REG. <u>Feb. 25. 50</u>	REGISTRAR'S SIGNATURE <u>John Brewer</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lerald W. Boggess</u>	ADDRESS	



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

Herald W. Boggs

Licensed Embalmer No. _____

4762

P. O. Address _____

Eagleville, 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.