

FILED DEC 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 40516

109

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5542 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Bonne Femme</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>R. F. D. #1 Rural Bonne Femme</u>	
c. LENGTH OF STAY (In this place) <u>5 wks</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. #1 Higbee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F. D. #5</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>Wilhite</u>	
c. (Last) <u>Foley</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>7/11/1873</u>		9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>77</u> Birthdays <u>8</u> Months <u>6</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Boone Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Wilhite Foley</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia Bohannon</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida Dougherty</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>Mrs Ida Foley Higbee, Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive heart failure</u> ANTECEDENT CAUSES <u>Pneumonia</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>5 days</u> <u>45241</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>Dec 14</u> , 1950, to <u>Dec 18</u> , 1950, that I last saw the deceased alive on <u>Dec 18</u> , 1950 and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Francis J. Dean M.D.</u>		23b. ADDRESS <u>Lee Hospital, Fayette, Mo</u>	
23c. DATE SIGNED <u>12-21-50</u>		24a. BIRTHPLACE (State or foreign country) <u>Boone Co. Missouri</u>	
24b. DATE OF DEATH <u>12/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Howard Co. Mo</u>		DATE REC'D BY LOCAL REG. <u>12-21-50</u>	
REGISTRAR'S SIGNATURE <u>Nancy K. Shello</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Garsh &amp; Carr</u>	
ADDRESS <u>Fayette, Mo</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

1450  
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RECEIVED 12/28/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12/28/50

**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~~ \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address. Fayette 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.