

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27630**

0644

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

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3243		Registrar's No. 284	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION 320 Jefferson St.				d. STREET ADDRESS (If rural, give location) 320 Jefferson St.			
3. NAME OF DECEASED (Type or Print) a. (First) LOUISA		b. (Middle)		c. (Last) FOGLESONG		4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1951	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 3, 1879	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Milan, Missouri	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James Mason		13b. MOTHER'S MAIDEN NAME Lucinda Scholin	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Andrew J. Foglesong		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Ann Gatts, 320 Jefferson St.			
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) diabetic coma				INTERVAL BETWEEN ONSET AND DEATH 1 hour			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetic mellitus				Sexual yrs. Sexual yrs.			
DUE TO (c) diabetic mellitus heart disease							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) Hannibal Marion Mo.		21. HOW DID INJURY OCCUR? 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 8/25/51 , to 8/25/51 , 19___, that I last saw the deceased alive on 8/25/51 , 19___, and that death occurred at 5:32p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. H. Waltuschel M.D.				23b. ADDRESS 508 Broadway, Hannibal Mo.		23c. DATE SIGNED 8/25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/28/51		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
DATE REC'D BY LOCAL REG. 8/31/51		REGISTRAR'S SIGNATURE W. G. Lucke Deputy		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Kathryn A. Schwarz, Hannibal, Mo.			

RECEIVED SEP 4 1951
VARION CO. HEALTH DEPT.
DATE FILED SEP 7 1951

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.....

Cecil E. Schwartz

Licensed Embalmer No. 2338

P. O. Address Hannibal, 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.