

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2056**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **27**

10820

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. CITY (If outside corporate limits, write RURAL and give township) Nevada 10820	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 504 East Sycamore 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Clyde	b. (Middle) Hampton	c. (Last) Foland	4. DATE OF DEATH (Month) February (Day) 13 (Year) 1952
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5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 15 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Nevada, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John M. Foland	13b. MOTHER'S MAIDEN NAME Rhoena Putman	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wuest ADDRESS 630 West Lee Street Nevada, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compulsive hot disease		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES			
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 6 hours before death DUE TO (c)			
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 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)
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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? 4341
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22. I hereby certify that I attended the deceased from **2-12-1952** to **2-13-1952**, that I last saw the deceased alive on **2-12-1952**, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 2-16-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 15, 1952	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park Nevada	24d. LOCATION (City, town, or county) (State) Missouri
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DATE REC'D BY LOCAL REG. 2-19-1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home ADDRESS Nevada, Mo.
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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 *W B Lewis*

Licensed Embalmer No. 1760

P. O. Address Newada 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.