

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20852**BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **258**

1. PLACE OF DEATH

a. COUNTY **Jasper**

b. CITY (If outside corporate limits, write RURAL and give township) **JOPLIN**

c. LENGTH OF STAY (In this place) **34 Yrs**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. John's Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri**

b. COUNTY **Jasper**

c. CITY (If outside corporate limits, write RURAL and give township) **RURAL Rt# A 0490**

d. STREET ADDRESS (If rural, give location) **Joplin Rt#A**

3. NAME OF DECEASED

a. (First) **William**

b. (Middle) **Herbert**

c. (Last) **Foulke**

4. DATE OF DEATH (Month) (Day) (Year)
June 8, 1952

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

MAY 24, 1875

9. AGE (In years last birthday)

77

IF UNDER 1 YEAR: Months _____ Days _____

IF UNDER 1 YEAR: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attorney

10b. KIND OF BUSINESS OR INDUSTRY

Lawyer

11. BIRTHPLACE (State or foreign country)

Iowa

12. CITIZEN OF WHAT COUNTRY?

U. S.

13a. FATHER'S NAME

Ellis Foulke

13b. MOTHER'S MAIDEN NAME

Ellen Barrett14. NAME ~~OF~~ WIFE**Georgie Foulke**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No**None**

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Emerson Foulke, Son, Joplin, Mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Abuemic Berlemania

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) _____

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

2044

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-5-52**, 1952, to **6-8-52**, 1952, that I last saw the deceased alive on **6-7-52**, 1952 and that death occurred at **1258** m., from the causes and on the date stated above.

23a. SIGNATURE (Type or title)

H. Hamilton, M.D.

23b. ADDRESS

**H. HAMILTON, M.D.
617 Frisco Bldg.**

23c. DATE SIGNED

6-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

6-9-1952

24c. NAME OF CEMETERY OR CREMATORY

Hackleman Cemetery

24d. LOCATION (City, town; or county) (State)

Stockton, Missouri

DATE REC'D BY LOCAL REG.

6-12-52

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

[Signature] Thornhill-Dillon Mortuary, Inc Joplin, Mo

495

FILED JUN 19 1952

RECEIVED 6-17-52

Jasper County Health Office

County File Number 52/6/457

Date Filed 6-17-52

V 443

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 William E. Hubbard

Signed.....
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.