S. No. 300
v. 10:48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27883

SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5552 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Howell 0460
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Koshkonong rural
c. LENGTH OF STAY (In this place) 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Howell 0460
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Koshkonong (rural) Mo.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) HARRY
b. (Middle) BELMONT
c. (Last) FOY

4. DATE OF DEATH (Month) May (Day) 29, (Year) 1952

5. SEX Male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Jan. 7, 1885
9. AGE (In years last birthday) 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Davenport, Iowa 1
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Wilburn Foy
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Martha Weaver Foy

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.
17. INFORMANT'S SIGNATURE OR NAME Komer Gossett **ADDRESS** Koshkonong, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

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

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebrovascular Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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) m.
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* May 1, 1954, *to* May 29, 1952, *that I last saw the deceased alive on* May 29, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MPC
23b. ADDRESS Thayer Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0
24b. DATE 5/31/52
24c. NAME OF CEMETERY OR CREMATORY Wayside Cemetery
24d. LOCATION (City, town, or county) Koshkonong **(State)** Mo.

DATE REC'D BY LOCAL REG. 9-10-52
REGISTRAR'S SIGNATURE Beatrice Cook 379-1
25. FUNERAL DIRECTOR'S SIGNATURE Leland Carter **ADDRESS** Thayer Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Velma Carter

Licensed Embalmer No. 4516

P. O. Address Shaw, 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.