

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34003**

1082
OCT 7 1952

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **153**

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) OR TOWN Nevada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	
c. LENGTH OF STAY (in this place) 29 year		d. STREET ADDRESS (If rural, give location) 319 West Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION 319 West Walnut			

3. NAME OF DECEASED (Type or Print) a. (First) Alice	b. (Middle) V	c. (Last) Foley	4. DATE OF DEATH (Month) (Day) (Year) August 25 1952
--	----------------------	------------------------	--

5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 27 1870	9. AGE (in years last birthday) 82	10. UNDER 1 YEAR Month _____ Day _____	11. UNDER 1 Mts. Hour _____ Min. _____
------------------	----------------------------	---	---	---	---	---

10a. 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 (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME Alvin Ross	13b. MOTHER'S MAIDEN NAME Betty Ann Davis	14. NAME OF HUSBAND OR WIFE Robert Foley
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Vivian Singleton Rte 5
--	-------------------------------------	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral embolus		
	DUE TO (c) Chr Hypertensive CR. 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 1, 4, 2, X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
--	--	---

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 **11-20, 1951, to 8-25, 1952**, that I last saw the deceased alive on **8-24, 1952**, and that death occurred at **3:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arma E. Ferry	23b. ADDRESS Nevada, Mo	23c. DATE SIGNED 8-28-52
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Aug. 28 1952	24c. NAME OF CEMETERY OR CREMATORY Newt Burial Park	24d. LOCATION (City, town, or county) (State) Nevada Missouri
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. 9-30-52	REGISTRAR'S SIGNATURE Arma E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Ferry Funeral Home Nevada, Mo.
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 *[Signature]*

Licensed Embalmer No. 1760

P. O. Address Nevada 700

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.