

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4666

State File No. ....

No. 300  
10.48

FILED JAN 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>North</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>North</u>	
b. CITY OR TOWN <u>Grant City Mo</u>		c. CITY OR TOWN <u>Grant City Mo</u>	
c. LENGTH OF STAY (in this place) <u>All of life</u>		d. STREET ADDRESS (If rural, give location) <u>no address 1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gash</u> b. (Middle) <u>L</u> c. (Last) <u>Foland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6 - 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Sept 8 - 1862</u>		9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>North County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>John Foland</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Springer</u>		14. NAME OF HUSBAND OR WIFE <u>Ara Swan Foland</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Foland Grant City Mo</u>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
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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?	
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22. I hereby certify that I attended the deceased from 1948 to Jan 6, 1953, that I last saw the deceased alive on Jan 6, 1953, and that death occurred at 12:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Matthews</u> (Degree or title)		23b. ADDRESS <u>Grant City, Mo</u>		23c. DATE SIGNED <u>1-8-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 8 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>	

DATE REC'D BY LOCAL REG. <u>Jan. 10 - 53</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Anderson Grant City Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

130  
1

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

*John Andrews*

working under my personal supervision.

Student Embalmer No.....

Signed

*John Andrews*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4211*

P. O. Address. *Grant City 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.