

STANDARD CERTIFICATE OF DEATH

State File No. **18257**

No. 300
10.48

FILED JUL 13 1954

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5228 Registrar's No. 109

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).		
a. COUNTY <u>Cass</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Cass</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Pleasant Hill</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>0192</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baldwin Lake</u>			e. STREET ADDRESS (If rural: give location) <u>Baldwin Lake Pleasant Hill</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>John</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Foote</u>	<u>7-2-1954</u>		

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-12-1931</u>	9. AGE (In years last birthday) <u>23</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
---------------------------	--------------------------------------	--	--	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Pleasant Hill, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	---

13a. FATHER'S NAME <u>Merle Foote</u>	13b. MOTHER'S MAIDEN NAME <u>Thelma Land</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Foote</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) <u>yes 1949-1950</u>	16. SOCIAL SECURITY NO. <u>488-32-5427</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Merle Foote Pleasant Hill, Mo.</u>	ADDRESS <u>44 Hill, Mo.</u>
--	---	--	------------------------------------

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) <u>Traumatic Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suicidal Shotgun Blast</u>		
	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 <u>E976X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CASS MO</u>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 2 54 12:54P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Suicide</u>
---	--	--

22. I hereby certify that I attended the deceased from 7/2/54, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:54P m., from the causes and on the date stated above.

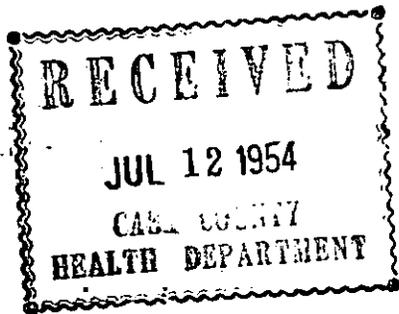
23a. SIGNATURE (Degree or title) <u>Gerard Zande (Coroner)</u>	23b. ADDRESS <u>Pleasant Hill, Mo.</u>	23c. DATE SIGNED <u>7/3/54</u>
---	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>July 4, 1954</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brown</u>	ADDRESS <u>Pleasant Hill, Mo.</u>
---	--	--	--

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

0190



AUG 10 1954

AUG 10 1954

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.....
Signature of Student Embalmer

Signed *Allen Brownfield*.....

Licensed Embalmer No. *378*

P. O. Address *Pleasant*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.