

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5926

State File No.

FILED MAR 8 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge	c. LENGTH OF STAY (In this place) 66yrs	c. CITY OR TOWN Desloge	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 103 5Th Street		STREET ADDRESS (If rural, give location) 103 5th Street <u>0940</u>	

3. NAME OF DECEASED (Type or Print) Frank Foshee	a. (First) Frank	b. (Middle) Foshee	c. (Last) Foshee	4. DATE OF DEATH (Month) (Day) (Year) Feb. 18 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1971	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR 0 Months 16 Days	IF UNDER 24 HRS. 0 Hours 16 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Machinist	10b. KIND OF BUSINESS OR INDUSTRY St. Joe Lead Co.	11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John Wesley Foshee	13b. MOTHER'S MAIDEN NAME Nancy Jane Campbell	14. NAME OF HUSBAND OR WIFE Elizabeth Foshee
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Foshee Desloge, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease		
DUE TO (c) Pericardial Constriction		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 4200	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) m.	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 May, 1950, to Feb 18, 1955, that I last saw the deceased alive on 2-17, 1955, and that death occurred at 6:30 p m., from the causes and on the date stated above.

23a. SIGNATURE H C Foshee M D O (Degree or title)	23b. ADDRESS Desloge Mo	23c. DATE SIGNED 2-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/21/55	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	24d. LOCATION (City, town, or county) (State) St. Francois CO. Mo.
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DATE REC'D BY LOCAL REG. Feb 21 1955	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son	ADDRESS Desloge, Mo.
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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.....
Signature of Student Embalmer

Signed *B. T. Boyer*.....

Licensed Embalmer No. *366*.....

P. O. Address *Wesley*.....

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.