

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4522**

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 4220 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheatland</u>		c. CITY OR TOWN <u>Wheatland</u> 0430	
c. LENGTH OF STAY (in this place) <u>9 years</u>		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 <u>S. C. Wheatland</u>		e. STREET ADDRESS (If rural, give location) <u>South Central Wheatland</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Leonard</u>	c. (Last) <u>Foltz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26-1956</u>
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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>Feb 19-1900</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>7</u>	IF UNDER 4 Hrs. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Edgetown MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Henry Foltz</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Clark</u>	14. NAME OF HUSBAND OR WIFE <u>Goldie Foltz</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carnest Foltz - Warrensburg, Mo</u>	ADDRESS <u></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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starvation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of base of nose</u>		
	DUE TO (c) <u></u>		
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	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 July 20, 1948 to Feb 26, 1956, that I last saw the deceased alive on Feb 26, 1956, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. E. Brigg, D.O.</u>	23b. ADDRESS <u>Wheatland, Mo</u>	23c. DATE SIGNED <u>2-29-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clark Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermitage, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-3-56</u>	REGISTRAR'S SIGNATURE <u>May Johnson</u> 464-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Elmer B. Housley</u> ADDRESS <u>Wheatland, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 9 1968

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 *Chas. E. H. [Signature]*.....

Licensed Embalmer No. *4267*.....

P. O. Address *[Signature]*.....

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.