

FILED FEB 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5598

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>571</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural (CALLAO) APPRX</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Brookfield</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>D.O.A. Samaritan Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>525 Brunswick Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>FOLTZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23 1956</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>Oct. 25, 1905</u>	
9. AGE (In years last birthday) <u>50</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>13</u>		10. UNDER 2 Wks. Hours <u>13</u> Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Line Forman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Power &amp; Light</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward Foltz</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Edgar</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Jane Foltz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, say on unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Jane Foltz Brookfield, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck, Fractured</u> ANTECEDENT CAUSES (b) <u>Skull, &amp; Crushed Chest</u> DUE TO (c) <u>Train, Truck Collision</u> II. OTHER SIGNIFICANT CONDITIONS <u>8:00</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>20 Min</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>27</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Cambria Macon Mo.</u>		21d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 25, 1956 12:20 Pm</u>		21e. HOW DID INJURY OCCUR <u>Drove truck in front of train</u>		22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>1:00 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lester Hutton Coronar</u>				23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>Jan 28 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan. 25, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2/1/56</u>		REGISTRAR'S SIGNATURE <u>Cuth McNeely 189</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold B. Wright, Brookfield, Mo.</u>			

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

RECEIVED 2.20.56  
MAGON COUNTY HEALTH DEPARTMENT  
County File No. 2.56.14  
Date Filed 2.21.56

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 *Harold B. Wright*  
Licensed Embalmer No. 3718  
P. O. Address *Brookfield*

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.