

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30087

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>387</u> | | PRIMARY REG. DIST. NO. <u>4085</u> | | Registrar's No. <u>13</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale,</u> | | c. LENGTH OF STAY (in this place) <u>75 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale,</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, west part town,</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0170</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Leander</u> | | | b. (Middle) <u>Marion</u> | | | c. (Last) <u>Foltz,</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21st, 1956</u> | | 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>March 22, 1863</u> | | 9. AGE (In years last birthday) <u>93</u> | | IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u> | | IF UNDER 48 HRS. Hours _____ 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>XX</u> | | 11. BIRTHPLACE (State or foreign country) <u>Porter County, Indiana</u> | | 12. CITIZENRY OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Foltz</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Julia A. Lightfoot</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mrs Leffy Foltz,</u> | |
| 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>Mr O. B. Foltz, Bosworth, Missouri</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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anuria + Obstruction Sigmoid Colon.</u> DUE TO (c) <u>Primary Carcinoma of Sigmoid Colon</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>8-16</u> , 1956, to <u>9-21</u> , 1956, that I last saw the deceased alive on <u>9-21</u> , 1956, and that death occurred at <u>1:20 PM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Norman F. Hansen D.O.</u> | | | | 23b. ADDRESS <u>Hale, Missouri</u> | | 23c. DATE SIGNED <u>9-22-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9/23/1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Elizabeth</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hale, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Sept. 22, 1956</u> | | REGISTRAR'S SIGNATURE <u>Mrs Rex Henderson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gifford W. Austin funeral Home Hale, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

47-0

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
Student Embalmer

Signed _____

Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri.

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.