pt. Health,
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S. Public
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FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44928
STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 92

1. PLACE OF DEATH
a. COUNTY LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) HIGGINSVILLE — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 14 W. 25TH ST. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LAFAYETTE
c. CITY OR TOWN HIGGINSVILLE 0541 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 14 W 25TH ST. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GEORGE Middle THOMAS Last FOY
4. DATE OF DEATH Month DEC Day 6 Year 1957

5. SEX MALE
6. COLOR OR RACE NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH ~~DE~~ NOV 26 1885
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 0 Days 11 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE
11. BIRTHPLACE (City and state or country) JOHNSON COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME LEVI S. FOY
13b. MOTHER'S MAIDEN NAME EMMA GRANGER
14. NAME OF HUSBAND OR WIFE ——

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-10-6217
17. INFORMANT LUCILLE JOHNSON Address 14 W. 25TH ST. HIGGINSVILLE MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Nephritis — Several years.
DUE TO (c) 593X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe Generalized Arteriosclerosis & Angina Pectoris
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb. 1954, to Dec 12, 1957 and last saw him alive on Dec. 12, 1957
Death occurred at 8:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. E. Fulherson M.D.
22b. ADDRESS Higginsville Mo.
22c. DATE SIGNED 12-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE DEC 8 1957
23c. NAME OF CEMETERY OR CREMATORY MT. MUNCIE CEMETERY
23d. LOCATION (City, town, or county) HIGGINSVILLE (State) MISSOURI

24. FUNERAL DIRECTOR G J Hader ADDRESS HIGGINSVILLE MO.
25. DATE RECD. BY LOCAL REG. 12-30-57
26. REGISTRAR'S SIGNATURE Marie D Bailey

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Wm. L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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.