FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005503

STATE FILE NUMBER 575

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #1 — Length of stay in 1b: 40 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 117½ S. Chelsea — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Clarence Middle E. Last Foreman

4. DATE OF DEATH Month 2 Day 2 Year 1958

5. SEX M

6. COLOR OR RACE W

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [X]

8. DATE OF BIRTH 7-5-1880

9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Operator

10b. KIND OF BUSINESS OR INDUSTRY K.C. Public Service

11. BIRTHPLACE (City and state or country) Harrison Co.Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph M. Foreman

13b. MOTHER'S MAIDEN NAME Sarah Davis

14. NAME OF HUSBAND OR WIFE Lillian L. Foreman

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. 487-03-0001

17. INFORMANT Mrs. Lucile Budd, Address 109 E.34th, K.C., 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) Cirrhosis of the liver — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 5810
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] 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 1-21-58, to 2-2-58 and last saw ~~her~~ him alive on 2-2-58
Death occurred at 2:23 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns, M.D. (Degree or title)

22b. ADDRESS General Hospital No. 1

22c. DATE SIGNED 2-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Feb.5,1958

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

23d. LOCATION (City, town, or county) Lamoni, Iowa (State)

24. FUNERAL DIRECTOR FREEMAN MORTUARY, ADDRESS Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 2-4-58

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Walter H. Ervin

Licensed Embalmer No. 4352

P. O. Address 4352

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.