

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002481

STATE FILE NUMBER

FILED JAN 15 1959 Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lucerne
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lionroe Hospital		Length of stay in lb 4 1/2 mo.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last COR. ELLEN FOOTE			4. DATE OF DEATH Month Day Year Jan. 3, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 11 Days 1	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Putnam County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Thompson Cooley	13b. MOTHER'S MAIDEN NAME Mary Lewis	14. NAME OF HUSBAND OR WIFE William L. Foote
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Noel Tipton	Address Lucerne, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Virus pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
DUE TO (b) <i>Influenza</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <i>480X</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>arteriosclerosis & hypertension years</i>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>480X</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at <i>Sept 1-38</i> , to <i>Jan 3-59</i> and last saw her alive on <i>Jan 3-59</i> at <i>9:30 P.</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Phar L. Giddis</i> (Degree or title)	22b. ADDRESS Unionville, Missouri	22c. DATE SIGNED 1-5-59
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23a. BURIAL, CREMATION, RENOVAL (Specify) BURIAL	23b. DATE Jan. 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Lucerne Cemetery	23d. LOCATION (City, town, or county) (State) Lucerne Missouri
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24. FUNERAL DIRECTOR Comstock Funeral Home BY <i>J. W. Comstock</i>	ADDRESS Unionville, Mo.	25. DATE RECD. BY LOCAL REG. 1-10-59	26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

300
1-57

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 *James W. Bonatach*

Licensed Embalmer No. *4197*

P. O. Address. *Unionville,*

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.