

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010563

STATE FILE NUMBER

FILED APR 1 1959 Registration District No. 301 Primary Registration District No. Registrar's No. 23

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|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Ripley | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Doniphan 0910 0 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp. | | Length of stay in lb 75 yrs. | d. STREET ADDRESS (If outside, give location) 711 E. Washington |
| 3. NAME OF DECEASED (Type or print) First Middle Last William MARCUS Foy | | 4. DATE OF DEATH Month Day Year March 14, 1959 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH February 21, 1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE | 9. AGE (In years last birthday) IF UNDER 1 YEAR 81 |
| 11. BIRTHPLACE (City and state or country) Fayetteville, Ark. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John A. Foy | | 13b. MOTHER'S MAIDEN NAME SARAH PARRISH | 14. NAME OF HUSBAND OR WIFE Betty Foy |
| 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 Betty Foy Address Doniphan, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct DUE TO (b) Generalized atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 18 days 5 years |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) 4201 | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 |
| 21. I attended the deceased from June 1957 to March 14, 1959 and last saw ^{not} him alive on March 13, 1959 Death occurred at 7:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Frank Johnson (Degree or title) MD | | 22b. ADDRESS Doniphan Mo | 22c. DATE SIGNED 3/20/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE MAR. 15, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery | 23d. LOCATION (City, town, or county) (State) Doniphan, Missouri |
| 24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo. | | 25. DATE RECD. BY LOCAL REG. 3-27-59 | 26. REGISTRAR'S SIGNATURE Flava Broz. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gene Harrent*

Licensed Embalmer No. *4809*

P. O. Address *Keyler, 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.