MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 4 1961

-61-000465
STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 4

TYPEWRITER RIBBON — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Braymer
Length of stay in 1b: Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missrour
b. COUNTY: Caldwell
c. CITY OR TOWN: Braymer
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: BENJAMIN Middle: HARRISON Last: FOLEY
4. DATE OF DEATH: Month: Jan. Day: 23 Year: 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/18/1892
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Painter
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (City and state or country): Braymer, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Foley
13b. MOTHER'S MAIDEN NAME: Mary K. Jackson
14. NAME OF HUSBAND OR WIFE: Mable Foley
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.:
17. INFORMANT: J. B. Foley, Braymer, Mo.
Address:

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) Chronic Arteriosclerotic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: many years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Renal Arteriosclerosis — many years
DUE TO (c) Generalized Arteriosclerosis — many years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Hypertrophic Prostatitis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 July 1959 to Jan. 23, 1961 and last saw him alive on Jan. 19, 1961
Death occurred at 4 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): C. E. Goldberg M. D.
22b. ADDRESS: Braymer, Mo.
22c. DATE SIGNED: 1/25/61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1/25/1961
23c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
23d. LOCATION (City, town, or county) (State): Braymer, Mo.
24. FUNERAL DIRECTOR: Michael Funeral Home, Braymer, Mo.
ADDRESS:
25. DATE RECD. BY LOCAL REG.: Feb. 8, 1961
26. REGISTRAR'S SIGNATURE: Mrs Lucille Anne Ferguson

(Licensed Embalmer's Statement on Reverse Side)

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 Lenek, Michael.

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.