

FILED JAN 6 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68-048908

CERTIFICATE OF DEATH

Registration District No. 157 Primary Registration District No. 3023 Registrar's No. 295

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. ERNEST FORREST FOLEY			Male	December 29, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MO. DAYS	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		78		Apr 12, 1890		Henry
5. CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
Clinton			De-Hat Home 407 N. Second St.			
7b. INSIDE CITY LIMITS (SPECIFY YES OR NO)		7d.				
Yes						
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Missouri		USA		Married		Mary N. Parsons
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 498-22-8867		13a. Farmer		13b. -		
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER (SPECIFY YES OR NO)		
14a. Missouri 14b. Henry		14c. Clinton		14d. Yes 14e. 407 N. Second St.		
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Leroy Foley			16. Lilly Lemons			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mary N. Foley			17b. 407 N. Second St. Clinton, Mo. 64735			
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			(a) Acute Coronary Occlusion			D.O.A.
DUE TO, OR AS A CONSEQUENCE OF:			(b) Arteriosclerotic heart disease			2 years.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDERLYING CAUSE LAST			(c)			
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)						ALTOGETHER (YES OR NO)
						19b.
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19c.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.	20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20e.		20f.		20g.		
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR)	I DID/DO NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE (HOURS) OF (M) KNOWLEDGE, DUE TO (D) OF THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM Dec 12, 1967 TO None		21b.	21c.	21d. Dec 12, 1967	21e.	21f. 1:30 P.M. Home
CERTIFICATION—MEDICAL EXAMINER OR CORONER; ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD (MONTH DAY YEAR) HOUR	
22a.			1:30 P.M.		12 29 1968 1:30 P.M.	
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DEGREE OR TITLE	
23a. Dr. R.S. Hollingsworth			23b. Mr. R.S. Hollingsworth		23c. 12/30/68	
MAILING ADDRESS—CERTIFIER			CITY OR TOWN		STATE ZIP	
23d. 106 No. 3rd			Clinton		Mo. 64735	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. Burial		24b. Englewood		24c. Clinton, Missouri		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. Dec 31, 1968		24e. Ewing Funeral Home 7th at Osage Sedalia, Mo. 65301				
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. Anne Ewing			25b. Mildred Bigum		25c. Dec 30, 1968	

DO NOT WRITE ON THIS STUB

9. 0
10a. 78
10b.
11. 0
12. 1
13. 410.9
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

40425

5. 92

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0425

PARENTS

CAUSE

CERTIFIER

URIA

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 *Shane [Signature]*

Licensed Embalmer No. 3847

P. O. Address *[Handwritten Address]*

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.

Permit obtained 12/30/68
[Signature]