

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029082
STATE FILE NUMBER
3765

FILED AUG 20 1958

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

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1214 BRUSH CREEK BLVD		d. STREET ADDRESS (If outside, give location) 1214 BRUSH CREEK BLVD	
3. NAME OF DECEASED (Type or print) First HELEN Middle FOLTZ Last FOLTZ		4. DATE OF DEATH Month August Day 6 Year 1958	
5. SEX FEMALE	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 JULY 28 1907
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		9b. AGE (In years, last birthday) 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) CALIFORNIA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME A. J. ALLEE		13b. MOTHER'S MAIDEN NAME DAISEY HANDLEY	
14. NAME OF HUSBAND OR WIFE NORMAN P. FOLTZ		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. 487-03-7086		17. INFORMANT DENNIS FORD HAYS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death by suffocation & 2nd Degree Burns Body Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Death by suffocation & 2nd Degree Burns Body DUE TO (c) Death by suffocation & 2nd Degree Burns Body 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 checked="" 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.) Bed caught fire from defective wiring	
20c. TIME OF INJURY Hour 8:6 Month 5 Day 5 Year 1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Apartment Kansas City	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Kansas City	
21. I attended the deceased from Death occurred at 3:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from and last saw him alive on 8-6-58	
22a. SIGNATURE Hugh H. Owens		22b. ADDRESS 1034 Walnut Bldg	
22c. DATE SIGNED 8-6-58		22d. DATE SIGNED	
23a. BURIAL CREATION REMOVAL (Specify) BURIAL		23b. DATE AUG-6-1958	
23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY		23d. LOCATION (City, town, or county) (State) CALIFORNIA MISSOURI	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 8-6-58	
26. REGISTRAR'S SIGNATURE Neva Marshall		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens

All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms may be listed.



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. Pearson*

Licensed Embalmer No. *4887*

P. O. Address *21. Co. 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.