MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016412
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6020 Registrar's No. 42

FILED MAY 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0890
2 0891-2
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4 0
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DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | ITEM NO. | SHOULD READ | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Ray
c. CITY OR TOWN: Richmond — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 221 Hamil St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Raymond Middle: Grimes Last: Foster

4. DATE OF DEATH Month Day Year: April 24, 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 7, 1909
9. AGE (last birthday): 52 — 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): Filling Station Operator
10b. KIND OF BUSINESS OR INDUSTRY: Petroleum
11. BIRTHPLACE (City and state or country): Ray County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: James Luther Foster
13b. MOTHER'S MAIDEN NAME: Daisy Belle Fields
14. NAME OF HUSBAND OR WIFE: Dortha Foster

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.: 496-05-1003
17. INFORMANT / Address: Dortha Foster – Richmond, Mo.

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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 Did not see alive and last saw her/him alive on
Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W Rogers DO
22b. ADDRESS: Hardin, Mo.
22c. DATE SIGNED: 4-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-26-1962
23c. NAME OF CEMETERY OR CREMATORY: Lavelock Cemetery
23d. LOCATION (City, town, or county) (State): Ray County, Mo.

24. FUNERAL DIRECTOR / ADDRESS: Borchardting Fun. Home – Hardin, Mo.
25. DATE RECD. BY LOCAL REG.: 4-25-1962
26. REGISTRAR'S SIGNATURE: Mabel Jackson

(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____________________ Signed August Borcherding
Signature of Student Embalmer

Licensed Embalmer No. 4678

P. O. Address Harding, 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.