No. 2
-8-43
17-39
X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26992

Registration District No. 200 Primary Registration District No. 57 v3. Registrar's No. 353

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Ardmore Charlton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Ardmore 61
(If outside city or town limits, write "RURAL")
(d) Street No. Charlton Twp 0
(If rural, give location) 0
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME William H. Foust
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Addie F. Foust
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 (Month) 21 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
81	1	25	— hr. — min.

9. Birthplace Anderson Co (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name David Foust
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Mary Ann Flover
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Addie F. Foust
(b) Address Macon Mo Rural
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 18 (Day) 48 (Year)
(c) Place: burial or cremation Union Church Cem.
18. (a) Signature of funeral director H. E. Edwards
(b) Address Bevier Mo
19. (a) Aug 19-48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 16 year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from July 28, 1948 to Aug 16, 1948 that I last saw him alive on Aug 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma main Duct of the Liver	3 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

467

Major findings:
Of operations Clinical
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. L. Durden (M.D. or other) Do.
Address Bevier Date signed 8/17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. [illegible]
District File Number 848.146
Date Filed AUG 23 1948

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.