

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1987

BIRTH NO.		REG. DIST. NO. 274	PRIMARY REG. DIST. NO. 3052	Registrar's No. 26
1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Hughesville		
c. LENGTH OF STAY (in this place) 13 Days		d. STREET ADDRESS (If rural, give location) None		
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell				
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Eugene c. (Last) Foster			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1887	9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mo. Pacific R.R.Co.		10b. KIND OF BUSINESS OR INDUSTRY Track foreman	11. BIRTHPLACE (State or foreign country) Saline County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Foster		13b. MOTHER'S MAIDEN NAME Susan Cave	14. NAME OF HUSBAND OR WIFE Alma Belle Land Foster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702-14-4370	17. INFORMANT'S SIGNATURE OR NAME Mrs Ernest E. Foster, Hughesville, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, hypotension. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Had an acute catarrhal cold about Jan. 1, 1950 Had always considered himself in good health. Would at usual occupation, Jan. 5, 1950. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4222
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No accident.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXX	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXXX		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? No injury.		
22. I hereby certify that I attended the deceased from Jan. 6, 1950 , to January 19, 1950 that I last saw the deceased alive on Jan. 19 , and that death occurred at 4:50 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 112 West 4th St. Sedalia, Mo.	23c. DATE SIGNED Jan 20 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 21, 1950	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Mo.	
DATE REC'D BY LOCAL REG. 1-20-50	REGISTRAR'S SIGNATURE Betty Yeager	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Marshall Mo.		

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 23
District Health Officer No. 8,

District File Number _____
Date Filed 1-24-50

FEB 1 1950

MAR 6 1950

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 _____
Student Embalmer

Signed R. W. Campbell Jr.

Licensed Embalmer No. 3489

P. O. Address Marshall, 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 this body is not embalmed, fact should be so stated above.