

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7348

State File No.

BIRTH NO. 66000-49 REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4511 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harris</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Harris</u>	1050
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHNNY LEE</u> b. (Middle) <u>FOSTER</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-50</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 29 1949</u>		9. AGE (In years last birthday) <u>5</u> <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Princeton mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Fred Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Shores</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Foster</u>	ADDRESS <u>Harris mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>franco pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>enteritis</u>		<u>1 wk</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5710</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1949 to 2/25, 1950, that I last saw the deceased alive on 2/25, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. ...</u>	(Degree or title)	23b. ADDRESS <u>Harris, Mo</u>	23c. DATE SIGNED <u>2/25/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Half Rock</u>	24d. LOCATION (City, town, or county) (State) <u>Spickard mo Rural</u>
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DATE REC'D BY LOCAL REG. <u>March 10</u>	REGISTRAR'S SIGNATURE <u>Greta Caldwell</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Judd Payne</u>	ADDRESS <u>Newtown mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1050

MAY 25 1950

MAR 13 1950

RECEIVED

District Health Officer No. 10

District File Number 9-50-44

Date Filed MAR 13 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

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *P. K. Payne Jr.*

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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.