

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 5 1950

BIRTH NO.		REG. DIST. NO. <u>25</u>		PRIMARY REG. DIST. NO. <u>4036</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)			
a. COUNTY <u>BATES</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>BATES</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>		c. LENGTH OF STAY (in this place) <u>2 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14TH ST & PARK AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>14TH ST & PARK AVE.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>ALVIN</u>			b. (Middle) <u>RICHARD</u>			c. (Last) <u>FOSTER.</u>	
(Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH-28-1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE-18-1886</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RET. GROCERY.</u>		11. BIRTHPLACE (State or foreign country) <u>WHEELING, MISSOURI.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES B. FOSTER.</u>			13b. MOTHER'S MAIDEN NAME <u>MAGGIE WAUGH.</u>			14. NAME OF HUSBAND OR WIFE <u>DOLLY FOSTER.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-28-6527.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dolly Foster - Rich Hill, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Muscular</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renovated (injured)</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>2900</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 <u>APR 15 1950</u> , to <u>MARCH 7, 1950</u> , that I last saw the deceased alive on <u>July 27, 1950</u> , and that death occurred at <u>7:45 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>Dr. James J. O'Connell, M.D.</u>				23b. ADDRESS <u>Rich Hill, Mo.</u>		23c. DATE SIGNED <u>March 30</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH-29-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WHEELING CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>WHEELING, MISSOURI.</u>	
DATE REC'D BY LOCAL REG. <u>3-28-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booths - Rich Hill, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 71

District File Number

3-50-330

Date Filed

4-4-50

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

John G Underwood

Licensed Embalmer No.

3585

P. O. Address

Butler 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.