

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8287

State File No. ....

BIRTH NO. .... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 296

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>  |  |
| c. LENGTH OF STAY (in this place) <u>37 years</u>   |  | 0396   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1915 W. Walnut Street</u>                            |  | d. STREET ADDRESS (If rural, give location) <u>1915 W. Walnut Street</u>   |  |

|   |                       |                         |  |
|---|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>EARY</u> | b. (Middle) <u>E.</u> | c. (Last) <u>FOSTER</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 28, 1950</u> |
|---|-----------------------|-------------------------|--|

|                      |                               |   |                                      |   |                        |                             |
|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>14 June 1876</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------------|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Atlanta, Georgia</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.A.</u> |
|--|--|---|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <u>John C. Rackley</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah J. Teem</u> | 14. NAME OF HUSBAND OR WIFE <u>Robert A. Foster</u> |
|---|--|---|

|   |  |  |         |
|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert A. Foster, Springfield, Missouri</u> | ADDRESS |
|---|--|--|---------|

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|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>20-30 min.</u><br><u>Known</u><br><u>2 yrs.</u><br><u>2 wks ago.</u><br><u>7201</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion - probable</u>   |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive Cardiovascular disease</u><br>DUE TO (c) <u>? Acute cholecystitis</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 1948 to 28 Mar, 1950, that I last saw the deceased alive on 28 Mar, 1950, and that death occurred about 7-9 PM from the causes and on the date stated above.

|   |   |                                   |
|---|---|-----------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>1630 N. Jefferson Spfld Mo.</u> | 23c. DATE SIGNED <u>29 Mar 50</u> |
|---|---|-----------------------------------|

|  |                                |   |   |
|--|--------------------------------|---|---|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>30 March 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Ararat Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>South of Cabool, Missouri.</u> |
|--|--------------------------------|---|---|

|   |  |   |                                 |
|---|--|---|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>3-30-50</u> | REGISTRAR'S SIGNATURE <u>W.R. Handley MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank A. Wilson</u> | ADDRESS <u>Springfield, Mo.</u> |
|---|--|---|---------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.

Signed *Ralph H. Thies*.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3681.....

P. O. Address Springfield, Missouri.....

**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.