

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17772

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 4419		Registrar's No. 39			
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dearborn</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dearborn</u>		0830			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myra</u> b. (Middle) <u>Asberine</u> c. (Last) <u>Foster</u>			4. DATE OF DEATH <u>5-8-50</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 10, 1877</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days		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>home</u>		11. BIRTHPLACE (State or foreign country) <u>New Market, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>		
13a. FATHER'S NAME <u>William W. Clark</u>			13b. MOTHER'S MAIDEN NAME <u>Lydia Ann Tomlinson</u>		14. NAME OF HUSBAND OR WIFE <u>xx</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Foster Dearborn, Mo.</u>				ADDRESS	
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) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>						INTERVAL BETWEEN ONSET AND DEATH <u>18 years</u>	
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 <u>4-7</u> , 19 <u>50</u> , to <u>5-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-8</u> , 19 <u>50</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Dearborn Mo</u>		23c. DATE SIGNED <u>5-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dearborn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dearborn, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-9-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughn-Aurpant</u>		ADDRESS <u>Dearborn Mo.</u>			

MAY 17

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

5/17/50

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 \_\_\_\_\_

W. R. Vaughn

Licensed Embalmer No. \_\_\_\_\_

4023

P. O. Address \_\_\_\_\_

Weston, 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.