No. 300
10.48

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

FILED AUG 24 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

27600

State File No.

BIRTH NO. REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5806 Registrar's No. 42

690
1

**1. PLACE OF DEATH**
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - So. FORK TWP
c. LENGTH OF STAY (in this place): 3 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STAR RT., SANTA FE, MO.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - So. FORK TWP. 0690
d. STREET ADDRESS (If rural, give location): STAR RT., SANTA FE, MO.

**3. NAME OF DECEASED** (Type or Print)
a. (First): ROBERT
b. (Middle): L.
c. (Last): FOSTER

**4. DATE OF DEATH** (Month) (Day) (Year): AUG. 16, 1950.

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): NEVER MARRIED
**8. DATE OF BIRTH**: JAN. 12 1864
**9. AGE** (In years last birthday): 86
IF UNDER 1 YEAR: Months 7 Days 4
IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FARMER
**10b. KIND OF BUSINESS OR INDUSTRY**: GEN. FARMING
**11. BIRTHPLACE** (State or foreign country): MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: WM FOSTER
**13b. MOTHER'S MAIDEN NAME**: JANE SCOTT
**14. NAME OF HUSBAND OR WIFE**: ✓

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: MARION ROUSE
ADDRESS: SANTA FE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: N.K.

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.*

4201

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: None
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Sept. 14, 1949, *to* Aug. 16, 1950, *that I last saw the deceased alive on* Aug. 12, 1950, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: J. A. Barnett (Degree or title): M.D.
**23b. ADDRESS**: PARIS, MO.
**23c. DATE SIGNED**: 8-16-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: AUG 17, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: WALNUT GROVE
**24d. LOCATION** (City, town, or county): PARIS (State): MO

DATE REC'D BY LOCAL REG.: 8-16-50
REGISTRAR'S SIGNATURE: J. A. Barnett, M.D. 435
**25. FUNERAL DIRECTOR'S SIGNATURE**: Speed-Blakey
ADDRESS: PARIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: AUG 21 1950
DISTRICT HEALTH OFFICE #2
District File Number 8-50-13
Date Filed: AUG 22 1950

~~District Health Office~~
~~District File Number~~
~~Date Filed:~~

---

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. G. Blakey
Licensed Embalmer No. 2616
P. O. Address PARIS, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.