

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 32278
Registrar's No. 189

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 5072		Registrar's No. 189	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> <u>0970</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marshall township</u> <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>3 mile west of Marshall</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Bazil</u> c. (Last) <u>Foster</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1950</u>			
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>June 29, 1880</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm tenant</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		13a. FATHER'S NAME <u>Robert Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Mandy Milton</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Foster Marshall, Mo. R#3</u>			
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>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio vascular Disease</u> <u>5 yrs.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>7221</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) (Minute) _____	
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>9-19-</u> , 19 <u>50</u> , to <u>9-25-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-25-</u> , 19 <u>50</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Roy R. Keeney, M.D.</u> (Degree or title)				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>9/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> <u>0</u>		24b. DATE <u>Sept. 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 27-1950</u>		REGISTRAR'S SIGNATURE <u>Gidney T. Gray</u> <u>385</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Campbell & Lewis - Marshall Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10.2.50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10.2.50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James H. Lewis

Licensed Embalmer No. 4709

P. O. Address Marshall, Md.

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.