

FILED OCT 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29346

| | | | | | | | |
|---|-------------------------------|---|---|---|---|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 1 | | PRIMARY REG. DIST. NO. 3000 | | Registrar's No. 265 | |
| 1. PLACE OF DEATH a. COUNTY Adair | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville | | | c. LENGTH OF STAY (In this place) Life | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 415 N. Centennial St. | | | | d. STREET ADDRESS (If rural, give location) 815 North Centennial St., | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Dennie | | b. (Middle) F | | c. (Last) Foster | |
| 4. DATE OF DEATH | | (Month) Oct. | | (Day) 1, | | (Year) 1951 | |
| 5. SEX M | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 25 1897 | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Laborer | | 11. BIRTHPLACE (State or foreign country) Ardmore Mo. U | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Abner Foster | | 13b. MOTHER'S MAIDEN NAME Anna Summers | | 14. NAME OF HUSBAND OR WIFE Frances Cooley Foster | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes | | 16. SOCIAL SECURITY NO. W. W. I. 489-12-5863 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dennie F. Foster, Kirksville, | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH instant | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | | | | |
| | | ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. | | | | | |
| 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) (Min.) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:52 m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Robert B. Davis, Coroner 3 (Degree or title) | | | | 23b. ADDRESS Kirksville, Mo. | | 23c. DATE SIGNED 10/1/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/3/51 | | 24c. NAME OF CEMETERY OR CREMATORY Highland Park | | 24d. LOCATION (City, town, or county) (State) Kirksville, Missouri | |
| DATE REC'D BY LOCAL REG. 10-2-51 | | REGISTRAR'S SIGNATURE Walter Lambert | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Riley, Kirksville, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 19 1952

File Received: OCT 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-541799
Date Filed: OCT 10 1951

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 C. Cooper

Licensed Embalmer No. 4119

P. O. Address Kirksville, 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.