

FILED MAR

6 1952

STANDARD CERTIFICATE OF DEATH

State File No. **5802**

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5 Mi. South McGirk, Mo		c. LENGTH OF STAY (in this place) 10 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) 5 Miles South McGirk			
3. NAME OF DECEASED (Type or Print) Oscar		a. (First)		b. (Middle) Lee		c. (Last) Foster	
4. DATE OF DEATH (Month) (Day) (Year) 3/1/1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 6/24/1878		9. AGE (In years) Month Day 73		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. BIRTHPLACE (City and State or Foreign Country) Moniteau County, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Moniteau County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lashly Foster		13b. MOTHER'S MAIDEN NAME Jane Allee		14. NAME OF HUSBAND OR WIFE Elizabeth Foster		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Foster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Foster		ADDRESS California	
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular Disease with hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 hours 37 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR?	
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?		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Feb 29, 1952 to March 1, 1952 , that I last saw the deceased alive on Feb 29, 1952 , and that death occurred at 1:30 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edgar A. Koby M.D.				23b. ADDRESS California, Mo.		23c. DATE SIGNED 3/2/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/2/52		24c. NAME OF CEMETERY OR CREMATORY Clarksburg Masonic		24d. LOCATION (City, town, or county) (State) Clarksburg, Mo.	
DATE REC'D BY LOCAL REG. 3/2/52		REGISTRAR'S SIGNATURE W. R. Meyer		25. FUNERAL DIRECTOR'S SIGNATURE James E. Richards		ADDRESS Clarksburg, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

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

Jewell-E-Richard

Licensed Embalmer No. *2466*

P. O. Address *Lipton, 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.