

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20851

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 900

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9th. & Karthryn		d. STREET ADDRESS (If rural, give location) 9th and Karthryn	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) A c. (Last) Foster			4. DATE OF DEATH (Month) (Day) (Year) 7 4 1952		
5. SEX 0 Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 7-6-1881		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) Carthage Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mine Opr.		10b. KIND OF BUSINESS OR INDUSTRY Ore mining		11. BIRTHPLACE (State or foreign country) Carthage Mo.	

13a. FATHER'S NAME John P. Foster		13b. MOTHER'S MAIDEN NAME Irene Hill		14. NAME OF HUSBAND OR WIFE Jessie Foster	
--------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 486-05-9839		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Foster	
--	--	--	--	---	--

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) CHRONIC MYOCARDITIS INTERVAL BETWEEN ONSET AND DEATH 10 yrs			
		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 4222		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)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Nov 3, 1952, to JULY 1, 1952, that I last saw the deceased alive on JULY 1, 1952, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. B. Derfel, D.O.		23b. ADDRESS 530 1/2 Main St.		23c. DATE SIGNED 7-7-52	
--------------------------------------	--	----------------------------------	--	----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7-8-52		24c. NAME OF CEMETERY OR CREMATORY GALENA CEMETERY	
				24d. LOCATION (City, town, or county) (State) GALENA KANSAS	

DATE REC'D BY LOCAL REG. 7-7-52		REGISTRAR'S SIGNATURE Ed S. James		25. FUNERAL DIRECTOR'S SIGNATURE J. O. Derfel	
				ADDRESS Galena Kansas	

(Licensed Embalmer's Statement on Reverse Side)

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

495

FILED JUL 15 1952

RECEIVED

Jasper County Health Office

County File Number 5-5-9

Date Filed 7/14/52

7/14/52 6:00 P.M.

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 Howard E. Gibson

KANSAS Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

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.