

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24970

State File No.

05-52

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

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>92</u>				
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>						
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mount Vernon</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rich Hill</u>		<u>1070</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Edward</u>		c. (Last) <u>Foster</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-8-01</u>		9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS* OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Chas. David Foster</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Crist</u>			14. NAME OF HUSBAND OR WIFE <u>Alma Foster</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Ann (Wilson) Peck, Mt. Vernon, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 14 Mos.</u>		
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.								
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)		<u>002X</u>				
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 <u>July 19, 1952</u> , to <u>July 21, 1952</u> , that I last saw the deceased alive on <u>July 21, 1952</u> , and that death occurred at <u>8:55P m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>C. Hellweg M.D.</u>				23b. ADDRESS <u>Missouri State San. Mount Vernon, Missouri</u>			23c. DATE SIGNED <u>7-21-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)				
<u>Removal</u>		<u>July 21, 1952</u>		<u>Not known</u>		<u>Rich Hill, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7-28-52</u>		REGISTRAR'S SIGNATURE <u>Cecil Kendrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo B Orr</u>		ADDRESS <u>Mt Vernon</u>				

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 _____

Geo B Orr

Signed.....

Student Embalmer

Licensed Embalmer No. 946

P. O. Address _____

Monterey No

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.