

FILED AUG 15 1952

## STANDARD CERTIFICATE OF DEATH

State File No. 28043

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3514

1. PLACE OF DEATH a. COUNTY <u>JACKSON 1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>34 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4903 WALNUT STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4903 WALNUT STREET</u>		e. STREET ADDRESS (If rural, give location) <u>4903 WALNUT STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEDA</u> b. (Middle) <u>A.</u> c. (Last) <u>FOSTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 3-1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>SEPT-15-1895</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR: Hours <u>31</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>LACYONE KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DR. ATKINSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET SELLERS</u>	
14. NAME OF HUSBAND OR WIFE <u>H. M. FOSTER</u>		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 <u>H. M. FOSTER</u>		ADDRESS <u>4903 WALNUT ST. KANSAS CITY MO</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUPLICATE OF (a) <u>Coronary Heart Disease</u>				<u>acute</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Heart Disease</u>				<u>Several years.</u>	
DUE TO (c)						<u>4201</u>	
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)		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 7-7-48, 1948, to Aug. 3, 1952, that I last saw the deceased alive on 5-10-51, 1951 and that death occurred at 3:15 P. m., from the causes and on the date stated above.

23. SIGNATURE <u>E. Robert Negro</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>925 Argyle Bldg. K.C. Mo.</u>		23c. DATE SIGNED <u>8-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>AUG-6-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DW. NEWCOMER'S SONS</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. W. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>	

DATE REC'D BY LOCAL REG. <u>8-6-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. W. Newcomer</u>	
				ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>	

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

9-5  
Hester

JAN 15 1958

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 Basil V. Horsey

Licensed Embalmer No. 4724

P. O. Address Foskland, 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.