

STANDARD CERTIFICATE OF DEATH

 State File No. **38664**
5041

 FILED DEC 6 1952
 BIRTH NO.
REG. DIST. NO. 149PRIMARY REG. DIST. NO. 1002

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Bethel 8150	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 918 Oak Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Devine Bros. Foundation Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Andy		b. (Middle)	c. (Last) Foster
4. DATE OF DEATH (Month) 11 (Day) 18 (Year) 52			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 3, 1874
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 2 Days 15	IF UNDER 24 HRS. Hour	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Robert Foster		13b. MOTHER'S MAIDEN NAME Nancy Duncan	14. NAME OF HUSBAND OR WIFE Mrs. Ellen 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 Dr. J. Devine ADDRESS 918 Oak Kern	
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) Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Asthma			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4342	
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 <u>Nov 14, 1952</u> , to <u>Nov 18, 1952</u> , that I last saw the deceased alive on <u>Nov 18, 1952</u> , and that death occurred at <u>9:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE J. Devine (Degree or title) Dr. J. Devine		23b. ADDRESS 918 Oak Kern	23c. DATE SIGNED 11-18-52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-18-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Heavenwith Kans
DATE REC'D BY LOCAL REG. 11-18-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. LICENSED EMBALMER'S SIGNATURE John T. Purdy	

(Licensed Embalmer's Statement on Reverse Side)

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

