No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39839

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6042 Registrar's No. 340

910
1

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

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Varner
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doniphan, Mo. RF.D.# 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Varner Tp. 0910
d. STREET ADDRESS (If rural, give location): Doniphan, Mo. R.F.D.# 1

3. NAME OF DECEASED (Type or Print)
a. (First): Ruddie
b. (Middle): M.
c. (Last): Foster

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 18, 1899
9. AGE (In years last birthday): 53 — If under 1 year: Months 9 Days 7 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John R. Casteel
13b. MOTHER'S MAIDEN NAME: Mollie Sandlin
14. NAME OF HUSBAND OR WIFE: Jim 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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Jim Foster Doniphan, Mo. R.F.D.#1

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 nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): died in uremic coma
DUE TO (c): hypertension and

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: myocardial disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none 592 X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): no m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* Oct 20, 1952, *to* Nov 25, 1952, *that I last saw the deceased alive on* Nov 23, 1952, *and that death occurred at* 1 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H E White M.D.
23b. ADDRESS: Naylor Mo.
23c. DATE SIGNED: 11/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Pratt Cemetery
24d. LOCATION (City, town, or county) (State): Ripley County, Mo.

DATE REC'D BY LOCAL REG.: 12-1-52
REGISTRAR'S SIGNATURE: C B Johnston 277
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Black-Edwards Doniphan, Mo.

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.