

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41562**

FILED DEC 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1310</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>29 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Winston</u>		<u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>? Oster</u> c. (Last) <u>Foss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 9, 1952</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 3, 1868</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alex Reed</u>		13b. MOTHER'S MAIDEN NAME <u>unk. Smith</u>	
13a. FATHER'S NAME <u>Alex Reed</u>		13b. MOTHER'S MAIDEN NAME <u>unk. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>unk.</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>	
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 ADDRESS <u>Mrs. V. F. Edwards, Winston, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Cardiac failure</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
*This does not mean the medical cause, such as heart failure, asthma, etc. It means the disease, infection 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) <u>Coronary, small intestine</u>					3 mo.
		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 <u>153X</u>					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) (Min.)		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>11/10</u> , 19 <u>52</u> , to <u>12/9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/8</u> , 19 <u>52</u> and that death occurred at <u>9:15p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. J. Rogers, M.D.</u>			23b. ADDRESS <u>420 N. 8th St.</u>		23c. DATE SIGNED <u>12/10/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/9/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winston, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Dec 18, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casto</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Neaton-Bourman Funeral Home</u> <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 2 5 1953

FEB 1 0 1953

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 W E Edmoustone

Licensed Embalmer No. #791

P. O. Address 319 So 10 St. Joseph, 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.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 41563-52

State of Missouri }
County of Davies } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 16th day of February, 1953, before me appears Mildred P. Edwards, who, upon her oath, states that the original record of ^{birth} ~~death~~ for Lillie Oster Foss, ^{died} ~~born~~ December 9, 1952 in the State of Missouri, and which was filed at St. Joseph on Dec. 10, 1952 should be corrected as follows:

Item No. 3 should read Lillie J. Osterfoss
Instead of Lillie Oster Foss

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mildred P. Edwards (daughter)
Winston, Missouri Relationship.
Present Address.

Subscribed and sworn to before me this 16 day of Feb., 1953.

My Commission expires May 20 - 1955
H. A. Garner Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

