

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23830**

No. 300
10-48

FILED **JUL 22 1953** BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **52**

2051
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

| | | | | | |
|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Barry | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett, Mo | | c. LENGTH OF STAY (in this place) 49 Yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett | | 2051 0 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 910 Fourth St. | | | d. STREET ADDRESS (If rural, give location) 910 Fourth St. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Grover b. (Middle) Cleveland c. (Last) Foust | | | 4. DATE OF DEATH (Month) (Day) (Year) 7 15 '53 | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | 8. DATE OF BIRTH 8-11-1884 | 9. AGE (in years last birthday) 68 | IF UNDER 1 YEAR: Months 11 Days 4 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. K. Conductor | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and State or Foreign Country) State of Indiana / | | 12. CITIZEN OF WHAT COUNTRY? U. S. |
| 13a. FATHER'S NAME Jonathan Foust | | 13b. MOTHER'S MAIDEN NAME Matilda McElhaney | | 14. NAME OF HUSBAND OR WIFE Jewell Taylor Monett, Mo | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 702-03-5884 | 17. INFORMANT'S SIGNATURE OR NAME Mary Evelyn Foust Monett, Mo. ADDRESS _____ | | | |
| 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) Cerebral hemorrhage ANTECEDENT CAUSES Gen. Arteriosclerosis ? 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. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331X | | | | 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) m. | 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 7-1 , 19 51 , to 7-15 , 19 53 , that I last saw the deceased alive on 7-15 , 19 53 , and that death occurred at 8:20 a. m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE F. J. Edwards M.D. (Degree or title) | | 23b. ADDRESS Monett, Mo | | 23c. DATE SIGNED 7-16-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7-17-53 | 24c. NAME OF CEMETERY OR CREMATORY Bluff Cemetery | 24d. LOCATION (City, town, or county) (State) Springdale, Ark. | | |
| DATE REC'D BY LOCAL REG. 7-16-53 | REGISTRAR'S SIGNATURE Katherine Henderson 487-0 | | 25. FUNERAL DIRECTOR'S SIGNATURE Mercer Funeral Home, Monett, Mo. ADDRESS _____ | | |

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SEP 10 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 Foy D. Mercer

Licensed Embalmer No. 4431

P. O. Address Month, 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.