No. 300
10-48

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

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11513

BIRTH NO. _____ REG. DIST. NO. 399 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1519

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY NORTH
c. LENGTH OF STAY (in this place): 3 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5220 N. CAMBRIDGE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN: KANSAS CITY NORTH
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5220 N CAMBRIDGE

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3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) VIRGIL c. (Last) FOSTER

4. DATE OF DEATH: (Month) APRIL (Day) 2 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 20 1918
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUSTODIAN
10b. KIND OF BUSINESS OR INDUSTRY: BOARD OF EDUCATION
11. BIRTHPLACE (City and State or Foreign Country): WARSAW, MO.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: FRED FOSTER
13b. MOTHER'S MAIDEN NAME: MINNIE VAN TASSEL
14. NAME OF HUSBAND OR WIFE: MAXINE FOSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 487-16-1789
17. INFORMANT'S SIGNATURE OR NAME: MAXINE FOSTER ADDRESS: 5220 No. CAMBRIDGE

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) Cardiac Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectoris
DUE TO (c) Coronary Spasm

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

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 March 1954, to 20 April 1954, that I last saw the deceased alive on 20 April 1954, and that death occurred at 1:15 P m., from the causes and on the date stated above.

23a. SIGNATURE: W. G. Barnes
W. G. Barnes (Degree or title) MD
23b. ADDRESS: 306 Armour Rd N.K.C. Mo.
23c. DATE SIGNED: 20 April 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-6-54
24c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cem.
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.

DATE REC'D BY LOCAL REG.: 4-5-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: D.W. NEWCOMER'S, No. KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John W. Kolsbeek

Licensed Embalmer No. 49

P. O. Address N. K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.