

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21809

State File No. 27

FILED JUL 6 1954

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6179 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Jackson Township	c. LENGTH OF STAY (In this place) 8 Mo.	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Pollock R. F. D. 1050	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Calvin	c. (Last) Foster	4. DATE OF DEATH (Month) (Day) (Year) June 21 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 18 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 4	IF UNDER 1 HRS. Days 3	IF UNDER 1 HRS. Hours 1	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Tenant	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Bond County Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Foster	13b. MOTHER'S MAIDEN NAME Janie Tucker	14. NAME OF HUSBAND OR WIFE Ida Foster
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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 Frank Schnepp	ADDRESS Lemons, Mo.
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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.		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hanging self		
	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 E974X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) barn, home, O. McNeese	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pollock, Sullivan Co. Mo.
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. D. Dismore, D.D. Coroner	23b. ADDRESS Milan, Mo.	23c. DATE SIGNED 6/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 23 1954	24c. NAME OF CEMETERY OR CREMATORY Lemons Cemetery	24d. LOCATION (City, town, or county) (State) Lemons, Missouri
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DATE REC'D BY LOCAL REG. June 25 - 1954	REGISTRAR'S SIGNATURE Mrs. H. B. Harris	320-0	25. FUNERAL DIRECTOR'S SIGNATURE Constock Funeral Home	ADDRESS Unionville Mo.
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(Licensed Embalmer's Signature on Reverse Side)

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

1050

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.....
Signature of Student Embalmer

Signed *John N. Constatk*

Licensed Embalmer No. *3891*

P. O. Address *Thionville, La.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.