

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Bogor 8543
State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Gasper.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Cherokee</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Gasper</u>		c. CITY OR TOWN <u>Baxter Spgs.</u>	d. Is Residence within limits of city or incorporated town? <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1610 - Park ave</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Musa P.</u>	b. (Middle) <u>Foust</u>	c. (Last) <u>Foust</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-9-55</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>April 18 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Barnett Hunter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Barnett Hunter</u> ADDRESS <u>Baxter Spgs. Neb</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES 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. <u>Atherosclerotic Heart Disease</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>493X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 12-27, 1954 to 3-9, 1955, that I last saw the deceased alive on 3-9, 1955, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A.L. Bogor M.D.</u> (Degree or title)	23b. ADDRESS <u>Baxter Springs, Mo</u>	23c. DATE SIGNED <u>3-11-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-9-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salina Nebraska</u>
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DATE REC'D BY LOCAL REG. <u>3-14-55</u>	REGISTRAR'S SIGNATURE <u>J. Lane Ware</u> 138	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lane Ware</u> ADDRESS <u>Baxter Spgs</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

County File Number 33-3-194
Date Filed
MAR 21 1955

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 Wene Funeral Home, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Lane Wene
Licensed Embalmer No. 2880

P. O. Address Bayton St

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.