

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29554**

FILED SEP 26 1955

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany, Missouri		c. CITY OR TOWN New Hampton, Mo.	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 23 months		e. STREET ADDRESS (If rural, give location) Southwest part of New Hampton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sullivan Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Bell c. (Last) Foster	4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 28, 1864	9. AGE (In years last birthday) 91	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) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building Construction	11. BIRTHPLACE (City and State or Foreign Country) New Hampton, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John J. Foster.	13b. MOTHER'S MAIDEN NAME Mary Jane Maloney	14. NAME OF HUSBAND OR WIFE Iva Foster, Deceased
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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 Dale Foster	ADDRESS New Hampton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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.		331X	

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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 27, 1954**, to **Sept 22, 1955**, that I last saw the deceased alive on **Sept 22, 1955**, and that death occurred at **5:00** m., from the causes and on the date stated above.

23a. SIGNATURE Miriam Gearhart MD (Degree or title)	23b. ADDRESS Bethany Mo	23c. DATE SIGNED 9/24/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 25, 1955	24c. NAME OF CEMETERY OR CREMATORY Foster Cemetery	24d. LOCATION (City, town, or county) (State) New Hampton Missouri
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DATE REC'D BY LOCAL REG. 9/24/55	REGISTRAR'S SIGNATURE Zola Burres	25. FUNERAL DIRECTOR'S SIGNATURE W B Nolle	ADDRESS New Hampton Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 William George Noble....., Student Embalmer No. 515..... working under my personal supervision..

Student William George Noble.....
Signature of Student Embalmer

Signed W G Noble.....

Licensed Embalmer No. 2904.....

P. O. Address New Hampton,.....

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.