

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41310

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5698 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sampsel Twp.		c. LENGTH OF STAY (in this place) 50 years		c. CITY OR TOWN Sampsel Township		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 1 1/2 mile east Lock Springs				e. STREET ADDRESS (If rural, give location) 1 1/2 mile east of Lock Springs			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) GILBERT c. (Last) FOSTER			4. DATE OF DEATH (Month) (Day) (Year) December 3, 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10 December 1888		9. AGE (in years last birthday) 66	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) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Spenser; South Dakota		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Foster			13b. MOTHER'S MAIDEN NAME Isabell French		14. NAME OF HUSBAND OR WIFE Dolly Florence Lawson		
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 Mrs. J.G. Foster; R4; Chillicothe 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis						INTERVAL BETWEEN ONSET AND DEATH 5 min
	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. 4201						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (Min.)			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 Dec 1, 1955 , to Dec 3, 1955 , that I last saw the deceased alive on Dec 1, 1955 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J.B. Bailey				23b. ADDRESS 1007 S. Jamesport Ave		23c. DATE SIGNED 12-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-8-55	24c. NAME OF CEMETERY OR CREMATORY Lock Springs		24d. LOCATION (City, town, or county) (State) Lock Springs, Missouri		
DATE REC'D BY LOCAL REG. Dec 18/55		REGISTRAR'S SIGNATURE Francis B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

8361 21 NHB

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 *Elton J. Norman*.....

Licensed Embalmer No....403

P. O. Address Chillicothe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.