

FILED AUG 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH5716 27571
State File No.

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 4308		Registrar's No. 69	
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY CHEROKEE			
b. CITY OR TOWN NOEH (R)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN BAXTER SPRINGS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE				e. STREET ADDRESS (If rural, give location) \$1508			
3. NAME OF DECEASED (Type or Print) a. (First) Melvin		b. (Middle) DEWITT		c. (Last) FOSTER		4. DATE OF DEATH (Month) (Day) (Year) 7-28-1956	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH April 7-1883	
9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months 3		11. BIRTHPLACE (City and State or Foreign Country) HAMAR, MISSOURI		12. CITIZEN OF WHAT COUNTRY? US	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY RET.		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME J.W. FOSTER		13b. MOTHER'S MAIDEN NAME M.A. PARKER		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 513-07-4769		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orville D. Foster 9104 E. Renick Pl. C.			
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.		18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning 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. 9298				INTERVAL BETWEEN ONSET AND DEATH Sudden	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, factory, street, or bldg., etc.) Elk River		21c. (CITY, TOWN, OR TOWNSHIP) Singer Blue		21d. (COUNTY) McDonald Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-28-56 5:15 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidental			
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 5:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. Humphrey, Jr. Coroner				23b. ADDRESS Noel, Mo.		23c. DATE SIGNED 7-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-2-1956		24c. NAME OF CEMETERY OR CREMATORY HOWEHH CEM		24d. LOCATION (City, town, or county) (State) BAXTER SPRINGS KANS.	
DATE REC'D BY LOCAL REG 8-10-56		REGISTRAR'S SIGNATURE Mayne Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wine Funeral Home, Baxter Springs, Mo.			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Marye E. Humphrey*

Licensed Embalmer No. *4262*

P. O. Address *Riverside*

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.