

FILED DEC 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38616

State File No.

| | | | | | | | |
|--|---------------------------|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>283</u> | | PRIMARY REG. DIST. NO. <u>5648</u> | | Registrar's No. <u>74</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Lawrence</u> | | a. STATE <u>Mo</u> | | b. COUNTY <u>Stone</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Mt. Pleasant</u> | | c. LENGTH OF STAY (in this place) <u>2 months</u> | | c. CITY OR TOWN <u>Pope Train</u> | | d. Is Residence within limits of a city (or incorporated town)? <u>No</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mile north Pine City</u> | | | | e. STREET ADDRESS (If rural, give location) <u>2 mile South Pope Train</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | | |
| a. (First) <u>ISIAH</u> | b. (Middle) <u>JACOB</u> | c. (Last) <u>FOSTER</u> | (Month) <u>12</u> | (Day) <u>1</u> | (Year) <u>56</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>1-3-1868</u> | | 9. AGE (in years last birthday) <u>88</u> | IF UNDER 1 YEAR Months <u>10</u> | IF UNDER 6 HRS. Days <u>28</u> Hours <u>Min.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>JACOB FOSTER</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Susan Craft</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Maney Foster</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Stephens Pierce</u> | | ADDRESS <u>Pine City Mo</u> | |
| 18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>23 days</u> | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bronchitis pneumonia</u> | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> | | | | <u>491X</u> | |
| 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) <u>suicide</u> | | 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) m. | | 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 <u>10-15-1956</u> , to <u>12-1-1956</u> , that I last saw the deceased alive on <u>11-30-1956</u> , and that death occurred at <u>5:30A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u> | | | | 23b. ADDRESS <u>Pierce City, Mo</u> | | 23c. DATE SIGNED <u>12-3-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-3-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pope Train</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pope Train Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-4-56</u> | | REGISTRAR'S SIGNATURE <u>Cecil Handlocks</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Brea</u> | | ADDRESS <u>Pine City Mo</u> | |

(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, ~~by~~ Edwin Wilks, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 412

P. O. Address Princeton

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.