

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22 22 26  
57 STATE FILE NUMBER 0221488  
Registrars No. 4458

Registration District No. 301

Primary Registration District No. 4458

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1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural</u> OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>6910</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Doniphan</u>		Length of stay in 1b <u>5 years.</u>	d. STREET ADDRESS (If outside, give location) <u>West Doniphan, Rt. 4.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Serena</u> Middle <u>Maude</u> Last <u>Foster.</u>			4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1957.</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 25 1885.</u>	9. AGE (In years last birthday) <u>71.</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Ripley County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Bruce Gibson.</u>	13b. MOTHER'S MAIDEN NAME <u>Samanthia Russell.</u>	14. NAME OF HUSBAND OR WIFE <u>James Randy Foster.</u>
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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 <u>J.R. Foster.</u> Address <u>Doniphan, R.H.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 hours.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerosis.</u>	
	DUE TO (c) <u></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia</u>		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>331X</u>
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u>	STATE <u></u>
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21. I attended the deceased from <u>5-1-57</u> to <u>5-9-57</u> and last saw her/him alive on <u>5-9-57</u> Death occurred at <u>4:15</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>William G. Barnette, D.O.</u>	22b. ADDRESS <u>Doniphan, Mo.</u>	22c. DATE SIGNED <u>5-13-57.</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>May 14, 1957.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wilderness Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Oregon County, Missouri.</u>
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24. FUNERAL DIRECTOR <u>Ray Means, Doniphan, Mo.</u>	ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>5-14-1957</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Ray Meams* .....

Licensed Embalmer No. *3743* .....  
P. O. Address *Doniphan* .....

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.