

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43228
STATE FILE NUMBER

FILED DEC 19 1957

Registration District No. 13 Primary Registration District No. 5058 Registrar's No. _____

S. 300
v. 1-57 /

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett, (Monett)		c. CITY OR TOWN Monett	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Miles S.W. Monett		d. STREET ADDRESS (If outside, give location) 4 Miles S.W. Monett	
Length of stay in 1b 61 Yrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle EARL Last FOSTER			4. DATE OF DEATH Month Dec. Day 7 Year 1957
5. SEX C Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 22, 1896
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and state or country) Lawrence County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME J. B. Foster		13b. MOTHER'S MAIDEN NAME Sarah M. Medlin	14. NAME OF HUSBAND OR WIFE Eva. Fleetwood Foster
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1		16. SOCIAL SECURITY NO. 500-40-8020	17. INFORMANT Address Mrs. Eva. Foster. Monett, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart heart failure DUE TO (b) Chronic arteriosclerosis with emphysema DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Reptile illness			INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs. 10-15 yrs.
19. WAS AUTOPSY PERFORMED? 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.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-19-47 to 12-7-57 and last saw him alive on 12-2-57 Death occurred at about 5:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert P. Doolley M.D.		22b. ADDRESS Monett, Mo.	
22c. DATE SIGNED 12-10-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12/10/57		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	
23d. LOCATION (City, town, or county) (State) MONETT, MO.		24. FUNERAL DIRECTOR ADDRESS J. D. BUCHANAN MONETT, MO.	
25. DATE RECD. BY LOCAL REG. 12-14-57		26. REGISTRAR'S SIGNATURE Mrs. P.N. Coak	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1257-224

DATE REC. 12-16-57

DEC 30 1957

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 J. P. Bushman.....

Licensed Embalmer No. 3179.....

P. O. Address Monett, Mo......

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.