Health, Welfare Public Service

300
1-57

FILED FEB 18 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006260
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Laclede	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lebanon — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Camdenton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wallace Hospital — Length of stay in 1b 14 days	d. STREET ADDRESS (If outside, give location) NONE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Nancy	Middle —	Last Foster	4. DATE OF DEATH Month 2 Day 12 Year 58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH April 24, 1883
9. AGE (In years last birthday) 74	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) housewife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Tuscumbia, Mo. rural	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James A.S. Percival	13b. MOTHER'S MAIDEN NAME Sarah Ramsey	14. NAME OF HUSBAND OR WIFE James L. Foster	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT James L. Foster — Address Camdenton, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardio Vasculo Renal disease — INTERVAL BETWEEN ONSET AND DEATH 3 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1958, to Feb. 12, 1958 and last saw her/him alive on 2/12/58

Death occurred at 5:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R W Froelich M.D.	22b. ADDRESS Lebanon, Mo	22c. DATE SIGNED 2/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/14/58	23c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery
23d. LOCATION (City, town, or county) (State) Camden County Missouri		
24. FUNERAL DIRECTOR Walter P. Hedges — ADDRESS Hedges Funeral Home Camdenton, Mo.	25. DATE RECD. BY LOCAL REG. 2-13-1958	26. REGISTRAR'S SIGNATURE Nella L. Day

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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Received FEB 17 1958

Laclede County Health Unit

File No. 21

Date Filed FEB 17 1958

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Sparta, Mo