

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-009190
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5245</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Keytesville Twp.</u>		c. LENGTH OF STAY (If in institution) <u>77-18</u> years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Keytesville, Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5-miles N.W. of Keytesville</u>				d. STREET ADDRESS (If rural, give location) <u>5 Miles N.E. of Keytesville</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clarence</u>		b. (Middle) <u>Hilton</u>		c. (Last) <u>Foster</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>21</u>		(Year) <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec. 25, 1880</u>		9. AGE (In years, last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Keytesville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Foster</u>			13b. MOTHER'S MAIDEN NAME <u>Delia Wilkerson</u>			14. NAME OF HUSBAND OR WIFE <u>Ida Foster</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY # <u>495-40-3987A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ida Foster Keytesville, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Peptic ulcer</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Dist. 1000</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4322</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 19 57</u> , to <u>March 21, 19 58</u> , that I last saw the deceased alive on <u>March 21, 19 58</u> , and that death occurred at <u>9:30 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl C. Hegar M.D.</u>				23b. ADDRESS <u>Keytesville</u>		23c. DATE SIGNED <u>Mo 3-22-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 23rd, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/24/58</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.D. [Signature] Keytesville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 9 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

H. D. Garrett

Signed.....

Student Embalmer

Licensed Embalmer No.

3046

P. O. Address.....

Key to with M

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 this body is not embalmed, fact should be so stated above.