

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017931

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 132 Primary Registration District No. 5470 Registrar's No. 92

300
1-57
0460

1. PLACE OF DEATH a. COUNTY <i>Grundy</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Grundy</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Galt</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Galt</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Myers Sup.</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>Myers Sup</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>GEORGE W FOSTER</i>			4. DATE OF DEATH Month Day Year <i>6-2-58</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>OCT 31 1865</i>		9. AGE (In years at birthday) <i>92</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Scotland Ga mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Wm Foster</i>		13b. MOTHER'S MAIDEN NAME <i>Army - Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Etta Rallo</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <i>←</i>	17. INFORMANT Name Address <i>W.H. Foster Galt mo</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CHRONIC MYOCARDITIS</i>					INTERVAL BETWEEN ONSET AND DEATH <i>10 yr</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>ADVANCED ARTERIOSCLEROSIS</i>					<i>10 yr</i>
DUE TO (c) _____					<i>4221</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 (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 <i>1/1/45</i> to <i>6/1/58</i> and last saw ^{her} _{him} alive on <i>2/1/58</i> Death occurred at <i>6:15 P.m</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W.H. Foster</i>		(Degree or title) <i>2</i>		22b. ADDRESS <i>Harris, Mo.</i>	
22c. DATE SIGNED <i>6/2/58</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6-3-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Berry Cem.</i>	
23d. LOCATION (City, town, or county) <i>Galt mo</i>					
24. FUNERAL DIRECTOR <i>PK Payne</i>		ADDRESS <i>Galt mo</i>		25. DATE RECD. BY LOCAL REG. <i>6-3-58</i>	
26. REGISTRAR'S SIGNATURE <i>Gene Jar</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *P. K. Payne Is*

Licensed Embalmer No. *3400*

P. O. Address *Galx*

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.