

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033409
State File No.

FILED OCT 6 1958

BIRTH NO. 74877-58 REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 57667 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BEDFORD TOWNSHIP		c. LENGTH OF STAY (In this place) 6 HRS.	c. CITY OR TOWN Foley 0570
d. FULL NAME OF HOSPITAL OR INSTITUTION LINCOLN COUNTY Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) UN-NAMED BABY b. (Middle) FOSTER c. (Last) FOSTER		4. DATE OF DEATH (Month) (Day) (Year) Oct. 1 - 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH 9/30/58
9. AGE (In years last birthday) — If UNDER 1 YEAR Months — Days —		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and State or Foreign Country) TROY, RFD, MO
13a. FATHER'S NAME RALPH FOSTER		13b. MOTHER'S MAIDEN NAME VIRGINIA KURFMAN	14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RALPH FOSTER - FOLEY, MO.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY INTERVAL BETWEEN ONSET AND DEATH 6 HRS ANTECEDENT CAUSES (26 WEEKS GESTATION) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) 776 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from SEPT. 30, 1958 , to OCT. 1, 1958 , that I last saw the deceased alive on SEPT 30, 1958 , and that death occurred at 2:00 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul T. Berry M.D.		23b. ADDRESS Troy, Mo.	23c. DATE SIGNED 10-1-58
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-2-58	24c. NAME OF CEMETERY OR CREMATORY STAR HOPE	24d. LOCATION (City, town, or county) (State) RFD - FOLEY, MO.
DATE REC'D BY LOCAL REG. 10-3-58	REGISTRAR'S SIGNATURE Charlotte Leek	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.C. Ricks Elsberry, Mo	

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

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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 NOT} ~~was~~ embalmed

by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*.....

Licensed Embalmer No. *4012*.....

P. O. Address *Elberry, N.C.*.....

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.