

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036371

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4898

NOV 7 1958

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes No

c. CITY OR TOWN Kansas City Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #2 Length of stay in lb 30 yrs. d. STREET ADDRESS (If outside, give location) 1708 Harrison Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Allen Middle Last Foster 4. DATE OF DEATH Month October Day 13 Year 1958

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 2-20-1885 9. AGE (In years last birthday) 73 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 11. BIRTHPLACE (City and state or country) Coffeyville, Kans U. S. A. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Sandy Yoster 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Ollie Yoster

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. 487-05-9220 17. INFORMANT Leola Page Address 1708 Harrison

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Rheumatic Heart Disease Inactive with Decompensation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. 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)
INTERVAL BETWEEN ONSET AND DEATH 4/6x

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 Month, Day, Year a.m. p.m.

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 October 13, 1958 to October 13, 1958 and last saw her alive on October 13, 1958
Death occurred at 8:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 600 E. 22nd Street 22c. DATE SIGNED 10-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-18-58 23c. NAME OF CEMETERY OR CREMATORY Lincoln Ceme. 23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR W. E. Davis R. E. Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 10-17-58 26. REGISTRAR'S SIGNATURE Reva Marshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E. Frank Ellis

MEDICAL CERTIFICATION

300
1-57

7 Nov 190237



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 *C. B. Davis*

Licensed Embalmer No. *4417*
P. O. Address *H. C. 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.