

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038807

STATE FILE NUMBER

81

FILED NOV 18 1958

Registration District No. 11

Primary Registration District No. 5045

Registrar's No.

1. PLACE OF DEATH. a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY BARRY	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN Wheaton Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Wheaton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home		Length of stay in lb 20 yrs	00 th STREET ADDRESS (If outside, give location) 0 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Martha Elizabeth G. Foster			4. DATE OF DEATH Month Day Year Nov. 2 - 1958			
5. SEX Female	6. COLOR OR RACE white.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 28 - 1885		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 72 Months 11 Days 4 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A						

13a. FATHER'S NAME John Garrison		13b. MOTHER'S MAIDEN NAME Sarah Swindle		14. NAME OF HUSBAND OR WIFE Olive Foster	
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. 493-22-6025 A		17. INFORMANT Address Olive Foster Wheaton Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous of abd Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastatic Carcinoma of ovary cause. DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 16 mo.		
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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1750		
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	
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21. I attended the deceased from **10-29-58** to **10-28-58** and last saw ^{her}him alive on **10-28-58**
Death occurred at **2:45 pm** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. J. Edwards M.D.		22b. ADDRESS Monett Mo		22c. DATE SIGNED 11-8-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov-5-1958		23c. NAME OF CEMETERY OR CREMATORY Concord		23d. LOCATION (City, town, or county) (State) Barry Co Missouri	
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24. FUNERAL DIRECTOR ADDRESS McQueen Funeral Home, Wheaton Mo.		25. DATE RECD. BY LOCAL REG. 11-8-58		26. REGISTRAR'S SIGNATURE Mary McDonald, dep.	
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

NOV 19 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 *Paul D. Herbert*

Licensed Embalmer No. *4576*

P. O. Address *Cassville 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.