

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005548

STATE FILE NUMBER

655

FILED FEB 19 1959

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

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hospital</i>		Length of stay in 1b -	d. STREET ADDRESS (If outside, give location) <i>3211 E 9th.</i>
3. NAME OF DECEASED (Type or print) First <i>RAY</i> Middle Last <i>FOSTER</i>		4. DATE OF DEATH Month <i>2</i> Day <i>4</i> Year <i>59</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 10, 1898</i>
9. AGE (In years last birthday) <i>60</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mining and Construction Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Worker</i>	11. BIRTHPLACE (City and state or country) <i>Joplin, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		13a. FATHER'S NAME <i>Z. T. Foster</i>	
13b. MOTHER'S MAIDEN NAME <i>Ida Maude Johnson</i>		14. NAME OF HUSBAND OR WIFE <i>Opal Foster</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>491-01-5245</i>	17. INFORMANT <i>Mrs. Opal Foster</i> Address <i>3211 E. 9th.</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 Calcific Constrictive pericarditis (non-rheumatic)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>with cardiac arrest at surgery</i> 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 <i>(n.m.o.)</i>
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.)		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>1-5-59</i> to <i>2-4-59</i> and last saw ^{her} him alive on <i>2-4-59</i> Death occurred at <i>9:40 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Abraham Gelpert</i>		22b. ADDRESS <i>24th & Cherry</i>	22c. DATE SIGNED <i>2-4-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2-3-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Park, Joplin Mo.</i>	23d. LOCATION (City, town, or county) (State) <i>Mo.</i>
24. FUNERAL DIRECTOR <i>Don Foney</i> ADDRESS <i>Carl Junction Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>2-4-59</i>	26. REGISTRAR'S SIGNATURE <i>Deva Marshall</i>

All diseases in Part I must be causally related.
 Abraham Gelpert use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SN-
FEB 19 1959

Am. Soc.

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 *Harvey E. Gracie*

Licensed Embalmer No. *4463*
P. O. Address *Wesley City, 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.