

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012645  
STATE FILE NUMBER

FILED MAY 4 1959

Registration District No. 65 Primary Registration District No. Registrar's No. 17

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>CHARITON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SUMNER-GUNNINGHAM TWP</b>		c. CITY OR TOWN <b>SUMNER</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>3M. South SUMNER</b>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Herbert</b> Last <b>Foster GR.</b>		4. DATE OF DEATH Month <b>April</b> Day <b>28</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 24-1957</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>3269</b>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <b>1</b> MONTHS <b>9</b> DAYS <b>4</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) <b>Brookfield MO</b>
10d. CITIZEN OF WHAT COUNTRY? <b>USA</b>		11. BIRTHPLACE (City and state or country)	
13a. FATHER'S NAME <b>John H. Foster</b>		13b. MOTHER'S MAIDEN NAME <b>FANNIE Linseott</b>	
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) <b>no</b>	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT <b>John H Foster SUMNER Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>drowning, accidental</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sweden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>9.291</b>
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 checked="" 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.) <b>Fell in stock tank with 3 foot water level</b>	
20c. TIME OF INJURY Hour <b>5</b> a.m. <b>4-28-59</b> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>SUMNER Chariton, Mo</b>	
20g. PLACE OF INJURY		20h. COUNTY <b>Chariton</b> STATE <b>Mo</b>	
21. I attended the deceased from _____ to <b>4-28-59</b> and last saw her alive on <b>4-22-59</b> Death occurred at <b>5P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John R. Dyer M.D.</b> (Degree or title)		22b. ADDRESS <b>Brookfield Mo</b>	
22c. DATE SIGNED <b>4.29.59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>5-10-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>hAkeside</b>	
23d. LOCATION (City, town, or county) <b>SUMNER Mo</b>		23e. STATE <b>Mo</b>	
24. FUNERAL DIRECTOR <b>S. H. Reppel</b>		25. DATE RECD. BY LOCAL REG. <b>Apr 30-1959</b>	
24a. ADDRESS <b>Mendon MO</b>		26. REGISTRAR'S SIGNATURE <b>Howie Smith Deputy</b>	

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 *Billie C. Gonder* .....

Licensed Embalmer No. *4980* .....

P. O. Address. *Mendon, 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.