

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020581

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Filed JUL 7 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Fulton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Memorial Length of stay in 1b 4 days		d. STREET ADDRESS 15 & Monroe (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Lawrence First (None) Middle Foster Last		4. DATE OF DEATH July 4, 1959 Month July Day 4 Year 1959	
5. SEX Male	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 Feb. 8, 1886
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		9b. KIND OF BUSINESS OR INDUSTRY Garage	9c. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Garage	11. BIRTHPLACE (City and state or country) Callaway County, Mo.
13. FATHER'S NAME Alvin Foster		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME Tresarice		17. INFORMANT Mrs. Irene Foster, Fulton, Mo. Address Fulton, Mo.	
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. 488189489	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH 4 days ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____	
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 6-30-59 A. to 7-4-59 and last saw her alive on 7-3-59 Death occurred at 2:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John Brown (Degree or title)		22b. ADDRESS Fulton, Mo.	
22c. DATE SIGNED 7-6-59		23. NAME OF CEMETERY OR CREMATORY Callaway Memorial	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. LOCATION (City, town, or county) (State) Callaway County, Mo.	
23c. DATE July 5, 1959		24. FUNERAL DIRECTOR Tranpin Funeral Home, Fulton, Mo. ADDRESS _____	
25. DATE RECD. BY LOCAL REG. July 6-1959		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

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 *Marshall C. Black*

Licensed Embalmer No. *47*

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.