

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1 1960

-60-037602

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 569

ENDED

1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY BUTLER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF, MO.		Length of stay in 1b 2 Weeks		c. CITY OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION POPLAR BLUFF, HOSP			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 710 D. Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last CARMEN ARTHUR FOSTER				4. DATE OF DEATH Month Day Year OCT. 13 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-21-04	9. AGE (last birthday) 55 Yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED			10b. KIND OF BUSINESS OR INDUSTRY MECHANIC		11. BIRTHPLACE (City and state or country) FORE SMITH, ARK.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME CARLOS L. FOSTER			13b. MOTHER'S MAIDEN NAME LUAVAH HARRIS			14. NAME OF HUSBAND OR WIFE NONE			
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. NONE		17. INFORMANT Address ALTON L. FOSTER POPLAR BLUFF, MO					
18. CAUSE OF DEATH (Enter only one cause per item (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Peritonitis DUE TO (c) Ruptured peptic ulcer -						INTERVAL BETWEEN ONSET AND DEATH 1 week 3 weeks 3 weeks			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) Retired too ill, No surgery -						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 Oct. 1 - 1960 to Oct. 13 - 60 and last saw her him alive on Oct. 13 - 1960 Death occurred at 6:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) W. B. Brosherson MD				22b. ADDRESS 321 Oak Poplar Bluff Mo			22c. DATE SIGNED 10/23/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-16-60	23c. NAME OF CEMETERY OR CREMATORY BLACK CREEK		23d. LOCATION (City, town, or county) POPLAR BLUFF, MO.				
24. FUNERAL DIRECTOR ADDRESS DAY & KNIGHT F. H. MALDEN, MO.				25. DATE RECD. BY LOCAL REG. 10/23/60		REGISTRAR'S SIGNATURE W. B. Brosherson			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. J. Schuman

Licensed Embalmer No. 408

P. O. Address Mede

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.