

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-000156

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5296 Registrar's No. 21

FILED FEB 5 1962

AMENDED

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Clair Co		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MT PLEASANT		Length of stay in 1b 3 yrs.	c. CITY OR TOWN Lowry City Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Lowry City Missouri	
3. NAME OF DECEASED (Type or print) First Minnie Middle Foster Last Foster			4. DATE OF DEATH Month Jan Day 27 Year 1962		
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-1-1872	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months 7 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Lowry City, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Charles Hubner			
13b. MOTHER'S MAIDEN NAME Jennie Chrisman		14. NAME OF HUSBAND OR WIFE unknown			
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 Mrs. Reed Wells Montrose, 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) Acute Dehydration					INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Psychosis - Anorexia					Unknown
DUE TO (c) Advanced Senile Dementia					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Jan 24, 1962 Jan 27, 1962 and last saw her Jan 24, 1962 alive on Jan 24, 1962 Death occurred at 8 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Chas. A. Lusk Jr. (Degree or title)			22b. ADDRESS Butler, Missouri		22c. DATE SIGNED 1/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-30-1962	23c. NAME OF CEMETERY OR CREMATORY Lowry City Cemetery		23d. LOCATION (City, town, or county) Lowry City, Mo.	
24. FUNERAL DIRECTOR Googrich Funeral Home ADDRESS Osceola Mo.		25. DATE RECD. BY LOCAL REG. 1-29-62		26. REGISTRAR'S SIGNATURE Norman J. Wilson	

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 Robert G. Stunick

Licensed Embalmer No. 4657

P. O. Address Butler, 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.