MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-000546

STATE FILE NUMBER

PARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 38

AMENDED

FILED JAN 29 1962

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fulton — Length of stay in 1b: 25yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 836 Franklin — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Callaway
c. CITY OR TOWN: Fulton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 836 Franklin — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Emma — Middle: Butler — Last: Foster

4. DATE OF DEATH: Month: Jan. — Day: 24th — Year: 1962

5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/14/81
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Callaway County
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Willis Butler
13b. MOTHER'S MAIDEN NAME: Kittie Johnson
14. NAME OF HUSBAND OR WIFE: Earl H. Foster

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: Mr. Earl H. Foster, Fulton, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic hypertensive renal disease
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10/27/59, to 1/22/62 and last saw her alive on 1/22/62
Death occurred at 3 Adv m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George W. Grove, MD
22b. ADDRESS: Fulton, Mo.
22c. DATE SIGNED: 1/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 27th 62
23c. NAME OF CEMETERY OR CREMATORY: Southside Cemetery
23d. LOCATION (City, town, or county) (State): Fulton, Missouri

24. FUNERAL DIRECTOR — ADDRESS: George H. Green Fulton Mo
25. DATE RECD. BY LOCAL REG.: Jan. 27-1962
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT

MEDICAL CERTIFICATION

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_____

Licensed Embalmer No. 4220

P. O. Address_____

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.