

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008017
STATE FILE NUMBER.

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. _____ Registrar's No. 27

FILED MAR 2 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Polk</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Polk</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville, Mo</u> | | c. CITY OR TOWN <u>Fair Play,</u> | |
| Length of stay in 1b <u>3 Months</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Big Springs Nursing Home</u> | | d. STREET ADDRESS (If outside, give location) <u>None</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Homer</u> Middle <u>None</u> Last <u>Foster</u> | | | 4. DATE OF DEATH Month <u>February</u> Day <u>21</u> Year <u>1963</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 7, 1887</u> |
| 9. AGE (last birthday) <u>75</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and state or country) <u>Polk County</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Joseph Foster</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Nellie Davis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT Address <u>Mrs Troy Macky Bolivar, Mo</u> | | 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | |
| 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 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 <u>January 1963</u> to <u>February 63</u> and last saw her/him alive on <u>2/4/63</u> . Death occurred at <u>11:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>A. G. Robinson M.D.</u> | | 22b. ADDRESS <u>Humansville, Mo</u> | |
| 22c. DATE SIGNED <u>2/24/63</u> | | 22d. LOCATION (City, town, or county) (State) <u>Mo</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2/24/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Shady Grove</u> | |
| 23d. LOCATION (City, town, or county) <u>S. W. Fair Play, Mo</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>Barker-Butler Bolivar, Mo</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>Feb. 24, 1963</u> | | 26. REGISTRAR'S SIGNATURE <u>Ralph Gordonper J. G.</u> | |

