

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037227

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 297 Primary Registration District No. 4020 Registrar's No. 140

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 15 1963	
1. PLACE OF DEATH a. COUNTY <u>RAY</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CROOKED RIVER TWP.</u> Length of stay in 1b <u>10 yrs.</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u> c. CITY OR TOWN <u>CROOKED RIVER TWP.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1/2 mi. N. of HARDIN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGIA ELIZABETH FOSTER</u>	4. DATE OF DEATH Month Day Year <u>OCT. 10, 1963</u>
5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 4, 1903</u> 9. AGE (last birthday) <u>60</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>MACHINE OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CLOTHING FACTORY</u> 11. BIRTHPLACE (City and state or country) <u>CALDWELL Co. Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>JOHN MAYES</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>No.</u>)	13b. MOTHER'S MAIDEN NAME <u>HARRIET POLLARD</u> 16. SOCIAL SECURITY NO. <u>6</u> 17. INFORMANT <u>MARVIN FOSTER - HARDIN, Mo.</u> Address
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Amyotrophic Lateral Sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	INTERVAL BETWEEN ONSET AND DEATH
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 _____ to _____ and last saw ^{her} him alive on <u>9/27/63</u> Death occurred at <u>6:15 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>Thomas O. Cook M.D.</u>	22b. ADDRESS <u>Richmond, Mo.</u> 22c. DATE SIGNED <u>10-12-63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>10-12-1963</u> 23c. NAME OF CEMETERY OR CREMATORY <u>RICHMOND MEMORY GARDENS</u> 23d. LOCATION (City, town, or county) (State) <u>RICHMOND, Mo.</u>	24. FUNERAL DIRECTOR <u>DORCHERDING FUNERAL HOME - HARDIN, Mo.</u> ADDRESS 25. DATE RECD. BY LOCAL REG. <u>10-13-1963</u> 26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>

VS 300
Rev. 4/59
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

MAR 31 1964

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 August Borcherting

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.