

FILED APR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12044

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 375

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) <u>1468 N. Jefferson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellie</u>		b. (Middle) <u>Mckree</u>	
c. (Last) <u>Foster</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 1949</u>	
5. SEX <u>F /</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 24, 1877</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Thomas McKree</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Morris</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm. H. Foster</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Harriett Foster</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac ventricular failure</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
DUE TO (c) <u>Severe coronary arteriosclerosis</u>		" "	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis, severe</u>		" "	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>9-22-</u> , 19 <u>46</u> , to <u>11-25-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-26</u> , 19 <u>48</u> , and that death occurred at <u>11:15 A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. M. K. ... M.D.</u>		23b. ADDRESS <u>Springfield Mo.</u>	
23c. DATE SIGNED <u>25 April 49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>		DATE REC'D BY LOCAL REG. <u>4/26/49</u>	
REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klugner & Co.</u>	
ADDRESS <u>Springfield, Mo.</u>		ADDRESS <u>Springfield, Mo.</u>	

MAY 4 1940

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
Student Embalmer

Signed

Licensed Embalmer No. 407

H. O. Address Springfield

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 this body is not embalmed, fact should be so stated above.