

No. 300
10.48

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14593

State File No.

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 185 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan Union Twp</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan - Rural</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Birdie</u> b. (Middle) <u>Edna</u> c. (Last) <u>Foster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	
8. DATE OF BIRTH <u>04-21-1887</u>		9. AGE (In years last birthday) <u>61</u>		10. UNDER 1 YEAR Days <u>7</u> 11. UNDER 24 HRS. Hours <u>16</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kyle's Ford Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>William P. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Nichols</u>	
14. NAME OF HUSBAND OR WIFE <u>Daniel W. Foster</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Foster</u>		ADDRESS <u>Milan - Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>45 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>331</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart disease</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 7, 1949</u> , to <u>April 7, 1949</u> , that I last saw the deceased alive on <u>April 7, 1949</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J.R. Mearty M.D.</u>		23b. ADDRESS <u>Browning Mo.</u>		23c. DATE SIGNED <u>Apr. 12 - 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 10 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>		DATE REC'D BY LOCAL REG. <u>Apr. 14 - 1949</u>		REGISTRAR'S SIGNATURE <u>Laura Collett</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoene</u>		ADDRESS <u>Duquoin Schuen Milan</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

PM Sept 1949

APR 21 1949

RECEIVED
District Health Officer No. 10
District File Number 449.6
Date Filed APR 18 1949

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 _____

D. Norris Cleeton Student Embalmer No. 238

working under my personal supervision.

Signed D. Norris Cleeton
Student Embalmer

Signed Dwight Johnson
Licensed Embalmer No. 2647

P. O. Address Melan 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 this body is not embalmed, fact should be so stated above.