

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 23385  
 2960

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo. 64108</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1937 - 1/2 St</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>FOSTON</u> c. (Last) <u>FOSTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-49</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DON'T KNOW</u>	8. DATE OF BIRTH <u>10-6-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>1</u>	11. BIRTHPLACE (State or foreign country) <u>Paris Texas</u>
13a. FATHER'S NAME <u>John Foster Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Beile Redmon</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-03-4701</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARK DAVIS</u> ADDRESS <u>2445 N. 1st</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>49603-4707 Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart from lens rays</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Heart from lens rays</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Medial</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		21g. _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) _____		23b. ADDRESS <u>1034 Rialto Bldg</u>	
23c. DATE SIGNED <u>7-5-49</u>		23d. _____	
24. BURIAL CREMA- TION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-5-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WESTLAUNCEM</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>7-8-49</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Brady - Brown</u>		ADDRESS <u>1708 Tracy</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed LAWRENCE A. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 4429

P. O. Address Kansas City, 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.