

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31390**

FILED SEP 22 1949

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4419 Registrar's No. 671

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

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dearborn</u> <u>Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dearborn</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Laura</u> b. (Middle) _____ c. (Last) <u>Foster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/23/49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/25/69</u>
9. AGE (in years less birthday) <u>80</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Platte County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph Walters</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Morris</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clyde Newman, Edgerton, Mo.</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 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) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>33ix</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)	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>7-25</u> , 19 <u>49</u> , to <u>8-23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-23</u> , 19 <u>49</u> , and that death occurred at <u>8 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. L. Dickson, M.D.</u>		23b. ADDRESS <u>Dearborn Mo.</u>	23c. DATE SIGNED <u>8-25-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/25/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem., Dearborn</u>	24d. LOCATION (City, town, or county) (State) <u>Dearborn, Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-26-49</u>	REGISTRAR'S SIGNATURE <u>B. P. Collins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Collins & Nash</u>	ADDRESS <u>Edgerton Mo.</u>

RECEIVED SEP 8
District Health Officer No. 8,
District File Number _____
Date Filed 9-21-49

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 Vivian Rollins Fair

Licensed Embalmer No. 2947

P. O. Address Edgerton 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.