

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36659

State File No.

BIRTH NO.		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>5289</u>		Registrar's No. <u>125</u>			
1. PLACE OF DEATH a. COUNTY <u>CLAY</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) <u>RURAL Fishing River</u>		c. LENGTH OF STAY (in this place) <u>7</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>78</u> <u>TOWN KANSAS CITY</u> <u>3</u>		d. STREET ADDRESS (If rural, give location) <u>8</u> <u>3004 WAYNE</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESLIE</u> b. (Middle) <u>MALCOLM</u> c. (Last) <u>FOSTER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>16</u> <u>49</u>					
5. SEX <u>M</u> <u>0</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 30, 1916</u>			
9. AGE (In years last birthday) <u>33</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus OPERATOR</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>B.Z. Foster</u>			13b. MOTHER'S MAIDEN NAME <u>Kitty Blue</u>			14. NAME OF HUSBAND OR WIFE <u>MILDRED FOSTER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>488-26-3770</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mildred Foster 3004 WAYNE KCMo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound in Rt. Temple.</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>89 7/16 X</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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public place</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo City Clay Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-16-49 7 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gunshot wound in Rt temple</u>					
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 (Degree or title) <u>O. J. Pate MO (Coroner)</u>				23b. ADDRESS <u>North Kansas City Mo.</u>		23c. DATE SIGNED <u>11/17/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 19, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GILLIAM CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SLATER Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-17-49</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Pasley</u>		ADDRESS <u>Liberty Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

RECORDED DEC 8
District Health Officer No. 8,
District File Number _____
Date Filed 12-9-49

DEC 12 1949
DEC 8 1949

DEC 16 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 X C

X C

Student Embalmer No. X L

working under my personal supervision.

Student X
Student Embalmer

Signed Charles J. Tyb

Licensed Embalmer No. 4534

P. O. Address Liberty 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.