

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36744**

FILED NOV 16 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5356** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Longview rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Longview rural</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b> b. (Middle) <b>L.</b> c. (Last) <b>FOSTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 1-1949</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 18, 1900</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>23</b>	IF UNDER 2 WKS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Des. B. Anderson</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	13c. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>E.V. Hall - Longview, Mo.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <b>7 hr</b>  <b>8-10 yrs</b>  <b>2 3/4</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension &amp; arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 1944** to **Nov 1949**, that I last saw the deceased alive on **1 Nov 1949**, and that death occurred at **8:15** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. Stieffler M.D.</b>	23b. ADDRESS <b>Buffalo Mo.</b>	23c. DATE SIGNED <b>5 Nov 49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-3-49</b>	24c. NAME OF CEMETERY OR CREMATORY... <b>Oak Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Buffalo, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11/12/49</b>	REGISTRAR'S SIGNATURE <b>Mrs. A. B. Honey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Jones</b>	ADDRESS <b>Buffalo, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED  
District Health Officer No. 7,  
District File Number 10-49-1366  
Date Filed 11-15-49

**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.

Signed Morris B. Jones

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4327

P. O. Address Buffalo, 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.