

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37055**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	c. LENGTH OF STAY (If this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Jean Hosp</u>	d. STREET ADDRESS <u>D.R. 2 D</u>		
3. NAME OF DECEASED a. (First) <u>Marcia</u> b. (Middle) <u>Gwendolyn</u> c. (Last) <u>Foster</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-1-1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-15-1886</u>
9. AGE (In years last birthday) <u>63</u>		f UNDER 1 YEAR <u>16</u>	f UNDER 1 HR. <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M</u>	11. BIRTHPLACE (State or foreign country) <u>Garland, Texas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Edw. Van Fleet</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Meay</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm. A. Foster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>331X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. A. Foster</u>		ADDRESS <u>West Plains, 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, asphyxia, 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 with Hemiplegia Rt.</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</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.	
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>27-10-1949</u> to <u>1 Nov 1949</u> , that I last saw the deceased alive on <u>31-10-1949</u> , and that death occurred at <u>2:02 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert H. Smith, M.D.</u>		23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>15/11/49</u>
24a. BURIAL, CREMATION, REINTERMENT (Specify)	24b. DATE <u>11-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>
DATE REC'D BY LOCAL REG. <u>11-23-49</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains, MO</u>	

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

RECEIVED 11/30/49
District Health Officer No. 5,
District File Number 1249743
Date Filed 12/2/49

DEC 6 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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

D. D. Robertson

Licensed Embalmer No. 3477

P. O. Address West Plains

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.