

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3794

State File No.

BIRTH NO. 6023-50 REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give town name) OR TOWN <u>Rural (Sugar Creek)</u>		c. CITY (If outside corporate limits, write RURAL and give town name) OR TOWN <u>Rural (Sugar Creek)</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS <u>Seligman Mo R2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>2-27-1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u>		b. (Middle)	
c. (Last) <u>Foster</u>		5. SEX <u>male</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>never married</u>	
8. DATE OF BIRTH <u>2-26-1950</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Barry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Daniel I. Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Rogers</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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Daniel Foster-Seligman, Missouri</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>Suffocation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mucus in throat</u> 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) <u>Sugar Creek Township Barry Mo.</u>	
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?		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>Paul D. Herbst 3</u>		23b. ADDRESS <u>Cassville, Mo.</u>	
23c. DATE SIGNED <u>2-28-1950</u>		24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>	
24b. DATE <u>3-1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Viola Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Viola, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shirley D. Williams</u>	
25. ADDRESS <u>Cassville Mo</u>		DATE REC'D BY LOCAL REG. <u>Mar 2-1950</u>	
REGISTRAR'S SIGNATURE <u>Grace Williams</u>		10	

(Licensed Embalmer's Statement on Reverse Side)

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

0050

RECEIVED MAR 6 1950
District Health Office No. 6,
District File Number 250-315-
Date Filed 3-10-50

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 Edwin W. Williams

Licensed Embalmer No. 4651

P. O. Address Caswell's Gro

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.