S. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1950

State File No. 19777

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (In this place): 7 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 1902 S. Ingram

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Sylvester c. (Last) Foster

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 16, 1875
9. AGE (Last birthday): 74 — If under 1 year: Months ~~6~~ Days ~~27~~ — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bell Telephone - Foreman - Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Waco, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Foster
13b. MOTHER'S MAIDEN NAME: Ella Slater Cooper
14. NAME OF ~~HUSBAND~~ OR WIFE: Nora
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-03-0079
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nora Foster
ADDRESS: 1902 S. Ingram

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung abscess — INTERVAL BETWEEN ONSET AND DEATH: 60 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Probable Bronchogenic Carcinoma — ?
DUE TO (c) — 162 X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Malnutrition — 60 days+

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-22-50, 19__, *to* 6-13, 1950, *that I last saw the deceased alive on* 6-13, 1950, *and that death occurred at* 9:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. M. Stewart, M.D.
23b. ADDRESS: Boonville Mo
23c. DATE SIGNED: 6-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 16, 1950
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Calvary
24d. LOCATION (City, town, or county) (State): Sedalia Mo

DATE REC'D BY LOCAL REG.: Jun 16-50
REGISTRAR'S SIGNATURE: D. Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: McLaughlin Bros. - Sedalia

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 750-1173
Date Filed 7-7-50

MAY 16 1950

OCT 10 1950

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 K. P. McGary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.