

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

h. 3 25 1950 27446
State File No.

BIRTH NO. REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 332

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		d. STREET ADDRESS (If rural, give location) <u>822 Brookfield Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>822 Brookfield Ave</u>		d. STREET ADDRESS (If rural, give location) <u>822 Brookfield Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN</u> b. (Middle) <u>—</u> c. (Last) <u>FOSTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-2-1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Apr-9-1865</u>
9. AGE (In years last birthday) <u>85</u>		if UNDER 1 YEAR (Months) (Days) <u>4 23</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>Davis Co Mo</u>	
11. BIRTHPLACE (State or foreign country) <u>Davis Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Amos Muselman</u>		13b. MOTHER'S MAIDEN NAME <u>D. K.</u>	
13c. NAME OF HUSBAND OR WIFE <u>Joseph R. Foster</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph R. Foster</u>	
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>Earl Foster Tutor</u>		ADDRESS <u>Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic Kidney Disease</u> <u>Chronic Myocarditis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) II. ANTECEDENT CAUSES III. OTHER SIGNIFICANT CONDITIONS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>6 yrs</u> <u>42 22</u>	
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) (Minute)	
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>Sept 2, 1930</u> to <u>Sept 2, 1950</u> , that I last saw the deceased alive on <u>Sept 1, 1950</u> , and that death occurred at <u>4 1/2</u> m., from the causes and on the day stated above.			
23a. SIGNATURE <u>Roy P. Haley MD</u>		23b. ADDRESS <u>13107 1/2 Mo</u>	
23c. DATE SIGNED <u>9-2-50</u>		24. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 4-50</u>	
24c. LOCATION (City, town, or county) (State) <u>Jamesport Mo</u>		25. FURNERAL DIRECTOR'S SIGNATURE <u>Bill Funeral Home Brookfield Mo</u>	
25. FURNERAL DIRECTOR'S SIGNATURE <u>Bill Funeral Home Brookfield Mo</u>		ADDRESS <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-5-50</u>		REGISTRAR'S SIGNATURE <u>H. B. Erwin 167</u>	

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

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Date Received: **SEP 11 1951**
DISTRICT HEALTH OFFICE #
District File Number *9-56*
Date Filed: **SEP 11 1951**

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 *J. A. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.