

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27673
177

742

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY OR TOWN Maryville	c. LENGTH OF STAY (in this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) Maryville 8742	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 610 East 4th	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) L. c. (Last) FOSTER		4. DATE OF DEATH (Month) (Day) (Year) 8 13 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/31/68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sign Painter		10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (State or foreign country) Illinois /
13a. FATHER'S NAME John Foster		13b. MOTHER'S MAIDEN NAME Nancy Scott	14. NAME OF HUSBAND OR WIFE Nellie Johnson Foster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Foster, Maryville, Missouri
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis INTERVAL BETWEEN ONSET AND DEATH 48 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
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 Aug 10, 1950 , to Aug. 13, 1950 , that I last saw the deceased alive on Aug. 13, 1950 , and that death occurred at 8:10A m., from the causes and on the date stated above.			
23a. SIGNATURE B. H. Byland (Degree or title) M. D.		23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 8-16-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/15/50	24c. NAME OF CEMETERY OR CREMATORY Miriam	24d. LOCATION (City, town, or county) (State) Maryville, Missouri
DATE REC'D BY LOCAL REG. 8-26-50	REGISTRAR'S SIGNATURE Bess Stoll 229	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	

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



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 No. _____

Signed Robert L. Louter

Licensed Embalmer No. 4782

P. O. Address Mayville, 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.