

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39577

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4510 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Osgood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Osgood</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MRC HALLIE JANE</u> b. (Middle) _____ c. (Last) <u>FOSTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 1950</u>		
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5. SEX <u>fe 1</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 4 18 1886</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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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 _____	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>usa</u>
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13a. FATHER'S NAME <u>James Middaugh</u>	13b. MOTHER'S MAIDEN NAME <u>Polly Stettlemeyer</u>	14. NAME OF HUSBAND OR WIFE <u>James Foster</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>James Foster</u> ADDRESS <u>Osgood mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary infarct</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS: <u>4222</u> 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"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 3/15, 1950, to 11-16, 1950, that I last saw the deceased alive on 10/20, 1950, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.T.</u>	23b. ADDRESS <u>Harris, Mo</u>	23c. DATE SIGNED <u>11/18/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Berry Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Berry Cem. Sullivan Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 20</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PR Paynter</u> ADDRESS <u>Sullivan Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 27 1950

NOV 24 1950

Date Received: ~~NOV 24 1950~~
DISTRICT HEALTH OFFICE #
District File Number 11-5
Date Filed: NOV 28 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 *P. K. Payne Jr*

Licensed Embalmer No. *3400*

P. O. Address *Yacht*

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.