

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41322

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 401

1. PLACE OF DEATH a. COUNTY <i>Laclede</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Camden</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Sebanon</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Linn Creek</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Wallace Memorial</i>		d. STREET ADDRESS (If rural, give location) <i>Gen Del.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Thomas</i> b. (Middle) <i>Randolph</i> c. (Last) <i>Foster</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 23 1950</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Mar. 28 1871</i>	9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>	11. BIRTHPLACE (State or foreign country) <i>Kingsport, Ohio</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Thomas Randolph Foster</i>	13b. MOTHER'S MAIDEN NAME <i>Ann Maehur</i>	14. NAME OF HUSBAND OR WIFE <i>Dania Mason Holloway</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Geneva Diams</i> ADDRESS <i>Linn Creek Mo</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>40 hrs.</i> <i>89160</i> <i>16</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Burns - second degree</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Linn Creek Mo. Mo.</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>12-21-50 4:00 p.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>House caught on fire</i>
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22. I hereby certify that I attended the deceased from *12-21, 1950*, to *12-23, 1950*, that I last saw the deceased alive on *12-23, 1950*, and that death occurred at *9:00 A.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>B B Huret, M.D.</i>	23b. ADDRESS <i>Sebanon, Mo.</i>	23c. DATE SIGNED <i>12-28-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 26-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Old Linn Creek</i>	24d. LOCATION (City, town, or county) (State) <i>Camden County Mo</i>
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DATE REC'D BY LOCAL REG. <i>1-1-1951</i>	REGISTRAR'S SIGNATURE <i>Hella L. Hays</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bankson-Woolsey</i> ADDRESS <i>Camden Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0537

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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.