No. 300
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FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8256

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (In this place): 48 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Stoll Hospital West Plains

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains Mo. 0461
d. STREET ADDRESS (If rural, give location): Jackson St

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

4. DATE OF DEATH (Month) (Day) (Year): 2-13-1951

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M 1
8. DATE OF BIRTH: Sept 26-1911
9. AGE (In years last birthday): 39-4-17 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): West Plains Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ed Hammock
13b. MOTHER'S MAIDEN NAME: Benn
14. NAME OF HUSBAND OR WIFE: Lehman Foster

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: Lehman Foster **ADDRESS**: West Plains

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) Cancer Cervix Uteri — INTERVAL BETWEEN ONSET AND DEATH: 18 mo

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.

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19a. DATE OF OPERATION: 12/30/50
19b. MAJOR FINDINGS OF OPERATION: Ureteral transplant due to malignant occlusion ureters
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* 5/23, 1950, *to* 2-13, 1951, *that I last saw the deceased alive on* 2-13, 1951, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. B. Stoll (Degree or title) M.D.
23b. ADDRESS: West Plains
23c. DATE SIGNED: 3/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-15-1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24d. LOCATION (City, town, or county) (State): West Plains Mo.

DATE REC'D BY LOCAL REG.: 3-13-51
REGISTRAR'S SIGNATURE: Beatrice Cook 397
25. FUNERAL DIRECTOR'S SIGNATURE: Robertson **ADDRESS**: West Plains Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District [illegible]
RECEIVED MAR 19 1951
Dist. File 351-608
Date Filed 3-22-51

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.

Signed D D Robertson

Signed .....
Student Embalmer

Licensed Embalmer No. 3432

P. O. Address West Plains 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.