

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15798**

FILED JUN 12 1951

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **155**

0143
4

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY (If outside corporate limits, write RURAL and give township) Fulton 0143	
c. LENGTH OF STAY at this place 1 Day		d. STREET ADDRESS (If rural, give location) 312 Court St., 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shoaf Nursing Home			
3. NAME OF DECEASED (Type or Print) a. (First) Martha		b. (Middle) Ella	
		c. (Last) Foster	
4. DATE OF DEATH (Month) (Day) (Year) June 4 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 13, 1880
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 3 Days 21	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Boone Co., Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jeff Wilson		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE Arthur 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. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hulen Foster Fulton, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart attack. Probably an infarction a few days before death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 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? 4201 YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY		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 June 2, 1951 to June 4, 1951 , that I last saw the deceased alive on June 4, 1951 , and that death occurred at 9 P.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. J. Jones M.D.		23b. ADDRESS Fulton, Mo.	
23c. DATE SIGNED 6-6-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 6, 1951	
24c. NAME OF CEMETERY OR CREMATORY Dry Fork Cemetery		24d. LOCATION (City, town, or county) (State) Rural Callaway Co., Mo	
DATE REC'D BY LOCAL REG. June 6-1951		REGISTRAR'S SIGNATURE Martha Lawrence 426	
25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home		ADDRESS Fulton, Mo.	

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 11 1951

RECEIVED

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 *Russell C. Maag*

Licensed Embalmer No. *4809*

P. O. Address *Fulton, 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.