

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32537**

BIRTH NO. _____ REG. DIST. NO. **91** PRIMARY REG. DIST. NO. **4089** Registrar's No. **92**

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lincoln		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lincoln 0080	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED a. (First) Clarence b. (Middle) Albert c. (Last) Foster			4. DATE OF DEATH (Month) (Day) (Year) 11 6 51
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 17 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Car Inspector U.P.	11. BIRTHPLACE (State or foreign country) Warsaw, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Fred Foster	
13b. MOTHER'S MAIDEN NAME Lola Foster		14. NAME OF HUSBAND OR WIFE Grace 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 (Yes, no, or unknown) (If yes, give no. 510-03-8150)	17. INFORMANT'S SIGNATURE OR NAME Grace Foster ADDRESS Lincoln
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis INTERVAL BETWEEN ONSET AND DEATH 11 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. breich Malnutrition + DUE TO (b) Pulmonary Congestion 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 345X	
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) (Min.)	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 Oct 1, 1951 , to Nov 6, 1951 , that I last saw the deceased alive on Nov 6, 1951 , and that death occurred at 6:30 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE Harold B. Workowski (Degree or title)		23b. ADDRESS Lincoln, Mo	23c. DATE SIGNED 11/7/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 8, 1951	24c. NAME OF CEMETERY OR CREMATORY Shady Grove	24d. LOCATION (City, town, or county) (State) Racket Benton, MO
DATE REC'D BY LOCAL REG. 11-8-51	REGISTRAR'S SIGNATURE E. E. Erickson 394	25. FUNERAL DIRECTOR'S SIGNATURE John F. Reser ADDRESS Lincoln, Mo	

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

0080

RECEIVED NOV 14 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 14 1951

NOV 14 1951

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 John Y. Reser

Licensed Embalmer No. 4098

P. O. Address Wassaw

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.