

No. 300
10.48

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33556**
4221

BIRTH NO. 68578-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4221

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parkville	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) 0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Ray c. (Last) Foster			4. DATE OF DEATH (Month) (Day) (Year) Oct 2 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept 26, 1951	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Lucian Foster		13b. MOTHER'S MAIDEN NAME Evelyn Lee Beaumont		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Evelyn L. Foster, Parkville, Mo.		ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Anoxemia		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxemia		INTERVAL BETWEEN ONSET AND DEATH 6 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Patent foramen ovale		6 days
		DUE TO (c) Congenital malformation of heart		6 days
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1543

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Sept. 26, 1951, to Oct. 2, 1951, that I last saw the deceased alive on Oct. 2, 1951, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. S. Anderson	23b. ADDRESS 2425 Independence Blvd.	23c. DATE SIGNED Oct. 2, 1951
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24a. BURIAL CREMATION (REMOVAL) (Specify) Buried	24b. DATE Oct. 4-51	24c. NAME OF CEMETERY OR CREMATORY East Slope	24d. LOCATION (City, town, or county) (State) Parkville Mo
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DATE REC'D BY LOCAL REG. 10-4-51	REGISTRAR'S SIGNATURE Geraldine Helms	25. FUNERAL DIRECTOR'S SIGNATURE Edward H. Francis	ADDRESS Parkville Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Leland H. Francis*

Licensed Embalmer No. *3451*

P. O. Address *Parkville, 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.