

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5811

State File No. 86

FILED MAR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monroe City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monroe City 0690</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>421-13<sup>th</sup> ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421-13<sup>th</sup> ST.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SARAH</u>	b. (Middle) <u>MARTHA</u>	c. (Last) <u>FOSTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1/29/1877</u>	9. AGE (In years last birthday) Months Days <u>75 0 13</u>	# UNDER 1 YEAR Hours Min.	# UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>JOSEPH SYKES</u>	13b. MOTHER'S MAIDEN NAME <u>MARY E. LONGMIRE</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES HENRY FOSTER</u>
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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. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Alfred Keys</u>	ADDRESS <u>Monroe City</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Mo 54R</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>ARTERIO-SCLEROSIS</u>		
18. CAUSE OF DEATH (continued) 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 <u>331X</u>	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) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from DEC 26, 1951 to FEB 12, 1952, that I last saw the deceased alive on FEB 12, 1952 and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Hedges M.D.</u>	(Degree or title)	23b. ADDRESS <u>Monroe City Mo</u>	23c. DATE SIGNED <u>2/13/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/14/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. JUDES Cen.</u>	24d. LOCATION (City, town, or county) (State) <u>Monroe City Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-17-52</u>	REGISTRAR'S SIGNATURE <u>Anna M Burdett</u>	4370	25. FUNERAL DIRECTOR'S SIGNATURE <u>Narcis Turner</u>	ADDRESS <u>Monroe City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

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**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 Harold Garner

Licensed Embalmer No. 3720

P. O. Address Monroe City

**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.