

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20850**
REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **200** Registrar's No. **263**

FILED JUN 26 1952

495

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived?; If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 6yrs		d. STREET ADDRESS (If rural, give location) 2301 Empire St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2301 Empire St.		e. STREET ADDRESS (If rural, give location) 2301 Empire St.	
3. NAME OF DECEASED a. (First) ALICE		b. (Middle) FOSTER	
c. (Last) FOSTER		4. DATE OF DEATH (Month) (Day) (Year) June 10, 1952	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH unknown	
9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Months 0	
11. IF UNDER 1 YEAR Days 0		12. IF UNDER 1 MIN. Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME William Foster		13b. MOTHER'S MAIDEN NAME Polly Ann McCormack	
14. NAME OF HUSBAND OR WIFE None			
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. NO	
17. INFORMANT'S SIGNATURE OR NAME Charles Foster		ADDRESS Joplin, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial failure	
		INTERVAL BETWEEN ONSET AND DEATH 2 hours	
		ANTECEDENT CAUSES DUE TO (b) Anemia & Metastatic involvement of liver	
		DUE TO (c) Carcinoma of Stomach	
		3 months	
		Unknown	
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) (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)		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 1/8/52 , 19 52 , to 6/10/52 , 19 52 , that I last saw the deceased alive on 6/3/52 , 19 52 , and that death occurred at 6 a m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS 521 W. 4th Joplin, Mo	
23c. DATE SIGNED 6/14/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13, 1952	
24c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. 6-17-52		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	
REGISTRAR'S SIGNATURE [Signature]		ADDRESS Webb City, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-24-52
Jasper County Health Office

County File Number 52/6/472

Date Filed 6-24-52

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

Leonard J. Lewis

Licensed Embalmer No. 4561

P. O. Address Wichita City, 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.