

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30867

State File No. ....

FILED SEP 16 1952 49472		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 416	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Union Two. 03571			
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital				d. STREET ADDRESS (If rural, give location) Rte. 2 - Campbell			
3. NAME OF DECEASED (Type or Print) CLAUD		a. (First)		b. (Middle) LEE		c. (Last) FOSTER, JR.	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 29 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 0	
8. DATE OF BIRTH July 10, 1952		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		11. BIRTHPLACE (City and State or Foreign Country) Malden, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Claud Lee Foster	
13b. MOTHER'S MAIDEN NAME Mildred Thompson		14. NAME OF HUSBAND OR WIFE --		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. --	
17. INFORMANT'S SIGNATURE OR NAME Claud Lee Foster, Campbell, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cong. Heart Disease</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Type Unknt.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION		20. AUTOPSY? 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) 7544		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 8-24-1952 to 8-29-1952, that I last saw the deceased alive on 8-29-1952, and that death occurred at 2 P.M., from the causes and on the date stated above.		23a. SIGNATURE (Degree or Title) Arthur C. Parkes, M.D.	
23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 9/4/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 31, 1952	
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Campbell, Missouri		DATE REC'D BY LOCAL REG. 9-10-52		REGISTRAR'S SIGNATURE Wm. H. Johnson	
25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home		ADDRESS Campbell, Mo		(Licensed Embalmer's Statement on Reverse Side)			

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

RECEIVED

SEP 15 1952

BUTLER CO. HEALTH CENTER

FILE No. 952-462

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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 Not Embalmed

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.