

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5581 State File No. 32067

FILED OCT 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>429</u>				
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Joplin Mo. R-3</u>		c. LENGTH OF STAY (In this place) <u>59 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin, Route 3</u>		<u>0490</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hazel</u> b. (Middle) <u>C.</u> c. (Last) <u>Foster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1952</u>							
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>Sept. 28, 1893</u>		9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Webb City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Tom Carpenter</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Fleming</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Foster, deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Tom Foster</u>		ADDRESS <u>Joplin, Rt. 3</u>				
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, asthma; etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Mediastinum</u> INTERVAL BETWEEN ONSET AND DEATH <u>3-4 months</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases to brain</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>164X</u>				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) _____						
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 <u>6-9-52</u> , 19 <u>52</u> , to <u>9-28-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/27/52</u> , 19 <u>52</u> , and that death occurred at <u>6:42am.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Walter J. Swanson M.D.</u>				23b. ADDRESS <u>Foster Bldg. Joplin Mo</u>			23c. DATE SIGNED <u>9/27/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Cem. Joplin</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>					
DATE REC'D BY LOCAL REG. <u>9-30-52</u>		REGISTRAR'S SIGNATURE <u>Ed O. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Derfelt</u>		ADDRESS <u>Galena Kansas</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-6-52  
Jasper County Health Office

County File Number 52/10/773

Date Filed 10-6-52

OCT 20 1952

OCT 14 1952

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 Howard B. Gibson

Kansas Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

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.