

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42978

State File No. ....

FILED DEC 22 1952

REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 5827 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Ozark</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nottingham</b>		c. LENGTH OF STAY (in this place) <b>76</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural, Nottingham Township</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>rural</b> <span style="float:right"><b>0770</b></span>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b>		b. (Middle) <b>Bartlett</b>		c. (Last) <b>Foster</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>11 27 52</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <b>widowed</b>		8. DATE OF BIRTH <b>10-22-1876</b>		9. AGE (In years last birthday) <b>76</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ozark county</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S. A</b>		13a. FATHER'S NAME <b>Jacob Foster</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Ann Foster</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <i>Wes. B. Foster</i>		ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>  ANTECEDENT CAUSES <b>Arterial hypertension</b> Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.  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.			INSET BETWEEN ONSET AND DEATH <b>2 wk</b>  <b>2 yr</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>443 X.</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>Oct. 21, 1952</b> , to <b>Nov. 27, 1952</b> , that I last saw the deceased alive on <b>Nov. 26, 1952</b> , and that death occurred at <b>12:05 p.m.</b> , from the causes and on the date stated above.					
23. SIGNATURE <i>W. B. Foster</i>			23b. ADDRESS <b>DO Gainesville, Mo</b>		23c. DATE SIGNED <b>11/28/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 29, 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Franklin Grove Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Ozark County Mo</b>		DATE REC'D BY LOCAL REG. <b>12-11-52</b>			
REGISTRAR'S SIGNATURE <i>Mac Johnson</i>			25. FUNERAL DIRECTOR'S SIGNATURE <b>243</b>		ADDRESS <b>CLINKINGBEARD FUNERAL HOME GAINESVILLE</b>

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 *John B. Perry*.....  
Licensed Embalmer No. *4885*.....

P. O. Address *Guineville, 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.

*2000-11-11-89*