No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7129

State File No.

FILED MAR 11 1953

BIRTH NO. REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-960 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: PLATTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GREEN TOWNSHIP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PLATTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 0830
d. STREET ADDRESS (If rural, give location): GREEN TOWNSHIP

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): PRESTON
c. (Last): FOSTER

4. DATE OF DEATH (Month) (Day) (Year): 3-2-1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 25, 1887
9. AGE (In years last birthday): 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): PLATTE CO. MO
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: HENRY FOSTER
13b. MOTHER'S MAIDEN NAME: ALICE COX
14. NAME OF HUSBAND OR WIFE: MAUDE PATRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. GEO. FOSTER DEARBORN, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) OVER EXERTION
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Roland M. Giffei (Degree or title) Coroner
23b. ADDRESS: Platte City, Mo.
23c. DATE SIGNED: 3-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-5-1953
24c. NAME OF CEMETERY OR CREMATORY: DEARBORN CEM.
24d. LOCATION (City, town, or county) (State): DEARBORN MO.

DATE REC'D BY LOCAL REG.: 3-4-53
REGISTRAR'S SIGNATURE: Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: VAUGHN-AUFRANC DEARBORN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1958

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 W. R. Vaughn

Licensed Embalmer No. X123

P. O. Address Weston, 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.