

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 2 - 1953

BIRTH NO. 10503 REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 3056 Registrar's No. 63

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> | | c. LENGTH OF STAY (In this place) <u>1 Day</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> | | OR TOWN <u>0883</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>502 S. Morley</u> | |

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|---|--|-------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>KENNIE RICHARD FOSTER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22 - 1953</u> | | |
| a. (First) | | b. (Middle) | c. (Last) | | |

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|--------------------|-------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Feb - 21 - 1953</u> | 9. AGE (In years last birthday) <u>-</u> Months <u>-</u> Days <u>-</u> Hours <u>-</u> Mins. <u>-</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|-----------------------------------|--|---------------------------------------|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Harothy Lorain Foster</u> | 13c. NAME OF HUSBAND OR WIFE <u>-</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>-</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Dorothy Foster</u> ADDRESS <u>Moberly Mo</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> | | 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) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS: <u>774x</u> Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) (Min.) | 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 2-21, 1953, to 2-22, 1953, that I last saw the deceased alive on 2-21, 1953, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

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|--|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Robert H. Young M.D.</u> (Degree or title) | 23b. ADDRESS <u>Moberly Mo.</u> | 23c. DATE SIGNED <u>2/23/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 23-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-23-53</u> | REGISTRAR'S SIGNATURE <u>Carroll</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lowell Snow</u> ADDRESS <u>Funeral Home Moberly Mo</u> |
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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 Signed _____
Student Embalmer

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.