

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16913**

FILED JUN 10 1953

BIRTH NO.		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000		Registrar's No. 183
1. PLACE OF DEATH a. COUNTY Adair 0013			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair 001		
b. CITY OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN Kirksville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Kirksville Osteopathic Hospital			e. STREET ADDRESS (If rural, give location) 215 E. Washington St.		
3. NAME OF DECEASED (Type or Print) a. (First) Ella		b. (Middle) (None)	c. (Last) FOSTER	4. DATE OF DEATH (Month) (Day) (Year) May 31, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 10, 1856	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months 4 Days 21 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edwin Darrow		13b. MOTHER'S MAIDEN NAME Orilla Seavey		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Vivian Palmer-Baltimore, Md.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) peritonitis DUE TO (c) Monilia albicans II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. sterility			INTERVAL BETWEEN ONSET AND DEATH 5 days 5 days 10 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1343		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) (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 5-21-53 , 19 53 , to 5-31-53 , 19 53 , that I last saw the deceased alive on 5-31-1953 , and that death occurred at 12:45 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M T Sutenholder D.O.			23b. ADDRESS Kirksville Mo		23c. DATE SIGNED 5-31-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-3-53	24c. NAME OF CEMETERY OR CREMATORY Llewellyn Cemetery		24d. LOCATION (City, town, or county) (State) Kirksville, Mo.
DATE REC'D BY LOCAL REG. 6-3-53		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Randolph Davis - Kirksville, Mo.	

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

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.....
Signature of Student Embalmer

Signed *Guy D. Shelton*

Licensed Embalmer No. *4700*

P. O. Address *Kirksville,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.