

STANDARD CERTIFICATE OF DEATH

State File No.

38135
FILED JUN 16 1953

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft Leonard Wood, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If rural, give location) Rte 1 - Wildwood Lodge	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) LEE		c. (Last) FOSTER		4. DATE OF DEATH (Month) (Day) (Year) June 11 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 10 June 1953		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) USA Hosp, Ft Leonard Wood, Mo			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George W. Foster		13b. MOTHER'S MAIDEN NAME Barbara A. DeYoung		14. NAME OF HUSBAND OR WIFE -----	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS B. J. BAJORIN, Maj, MSC US Army Hospital Ft Leonard Wood, Mo	
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		
	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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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
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22. I hereby certify that I attended the deceased from **10 June 19 53**, to **11 June 19 53**, that I last saw the deceased alive on **11 June 19 53**, and that death occurred at **1:00 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kenneth C. Kuchle, M.D.	23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 11 June 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 13 1953	24c. NAME OF CEMETERY OR CREMATORY IBERIA Cemetery	24d. LOCATION (City, town, or county) (State) IBERIA MO
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DATE REC'D BY LOCAL REG. 6-12-53	REGISTRAR'S SIGNATURE Paula...	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Walter P. Hedger Iberia Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 6-13-53
File Number

Pulaski County Health Officer

RECEIVED
6-17-53

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 _____

working under my personal supervision.

Student Embalmer No.

not Embalmed

Signed

Clarence Gross

Signed.....
Student Embalmer

Licensed Embalmer No. 4986

P. O. Address Waynesville, Ind

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.