No. 300
10-48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

28175

State File No.

FILED SEP 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5363 Registrar's No. 62

**1. PLACE OF DEATH**
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Jefferson Twn.
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): Highway #69 10 mi S. Pattonsburg, Mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cedar Rapids 8140
d. STREET ADDRESS (If rural, give location): 917-1st. Ave. SW 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle): --
c. (Last): Foster

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 31, 1953

**5. SEX**: Female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): never married
**8. DATE OF BIRTH**: July 25, 1939
**9. AGE** (In years last birthday): 14 yrs — 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): Student
**10b. KIND OF BUSINESS OR INDUSTRY**: High School
**11. BIRTHPLACE** (City and State or Foreign Country): Wellsville, New York
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Edgar Foster
**13b. MOTHER'S MAIDEN NAME**: Dora Alice Clymer
**14. NAME OF HUSBAND OR WIFE**: None

**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**: Mrs. Calvin Waite — ADDRESS: Cedar Rapids Iowa

**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): Neck Fracture — 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): Auto wreck
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 ☐ NO ☒

**21a. ACCIDENT** ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 69
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) 031 (STATE): Hiway 69 Daviess Co Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 8-3-1953- 6:15 A.M.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Auto collision

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* 6:15A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Coroner P S Baumgardner — Wc
**23b. ADDRESS**: Box 117 Pattonsburg Mo
**23c. DATE SIGNED**: 8/31/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 9/4/53
**24c. NAME OF CEMETERY OR CREMATORY**: Campbell Cemetery
**24d. LOCATION** (City, town, or county) (State): 6 mi. E. of Cedar Rapids, Ia

**DATE REC'D BY LOCAL REG.**: 9-8-53
**REGISTRAR'S SIGNATURE**: Virginia M. Engelhart 81-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: [signature] — ADDRESS: Pattonsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 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 Louis Guest

Licensed Embalmer No. 4096

P. O. Address Pittsburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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