

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35691

FILED NOV 9-1953

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 230			
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 16 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lowry City 0930					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Clinton General Hospital				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)		a. (First) Flora		b. (Middle) Ann		c. (Last) Foster			
4. DATE OF DEATH		(Month) Nov; 3		(Day)		(Year) 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 9 1875			
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Michawl Sullivan		13b. MOTHER'S MAIDEN NAME Irene Dull		14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Foster Lowry City Missouri					
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) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured right hip and DUE TO (c) right shoulder from a fall II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Chronic Myocarditis & Tachycardia INTERVAL BETWEEN ONSET AND DEATH 4 days 16 days 16 days				19. DATE OF OPERATION		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) 093 (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 7 1953 m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell at home		22. I hereby certify that I attended the deceased from 10/18/1953, to 11/2/1953, that I last saw the deceased alive on 11/2/1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Dr. R. S. Hallingmark M.D.		(Degree or title)		23b. ADDRESS Clinton Missouri		23c. DATE SIGNED 11/3/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-4-1953		24c. NAME OF CEMETERY OR CREMATORY Wrights Creel		24d. LOCATION (City, town, or county) (State) Lowry City Missouri			
DATE REC'D BY LOCAL REG. Nov-3-53		REGISTRAR'S SIGNATURE Florence Q. Davis		422		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Roadwell			
						ADDRESS Osceola Mo			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Oscoda, 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.