

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38495

State File No.

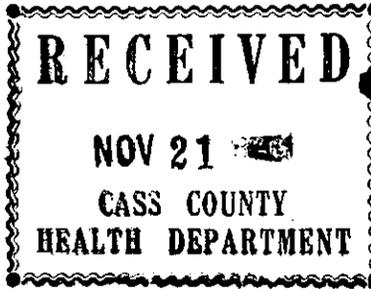
FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 166

0190

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grand River</u>		c. LENGTH OF STAY (in this place) <u>22 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grand River township</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 Miles W. of Harrisonville</u>			d. STREET ADDRESS (If rural, give location) <u>5 Miles West of Harrisonville, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilma</u>		b. (Middle) <u>Pauline</u>	c. (Last) <u>Foster</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 22 1907</u>	9. AGE (in years) (last birthday) <u>46</u>	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>8 25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisonville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James M. Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Claudia M. Kyle</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Perkins Foster</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Perkins Foster, Peculiar, Missouri</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Grand River Township Cass Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 17 53 8:15 AM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>22 cal. rifle wound reflected in left thorax</u>			
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 <u>8:15 am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John Staben Acting Coroner</u>			23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>Nov. 18-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burford Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Harrisonville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-19-53</u>	REGISTRAR'S SIGNATURE <u>Dora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weldon Bess Harrisonville, Mo.</u>		



DEC 15 1953

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 Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, 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.