

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38677**

FILED NOV 24 1953

BIRTH NO. _____ REG. DIST. NO. **109** PRIMARY REG. DIST. NO. **4180** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Campbell		c. CITY (If outside corporate limits, write RURAL and give township) Campbell	
c. LENGTH OF STAY (in this place) 75 years		d. STREET ADDRESS (If rural, give location) Erisco Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Erisco Road		e. STREET ADDRESS (If rural, give location) Erisco Road	

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) ANN c. (Last) FOSTER			4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1953		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 15, 1875		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days 6 24		IF UNDER 24 HRS. Hours Min. 0 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Anna, Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Thomas A. Hogue			13b. MOTHER'S MAIDEN NAME Perlina Gallagly			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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Claude Foster, Campbell, Mo.		ADDRESS	
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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) Acute Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 15 days.					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epileptiform attacks years. 3 years.					

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) 4222	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				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 **10/25**, 19**53**, to **11/9**, 19**53**, that I last saw the deceased alive on **11/9**, 19**53**, and that death occurred at **8 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wallace Selvey M.D.		23b. ADDRESS Campbell Mo.		23c. DATE SIGNED 11/16/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 11, 1953		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Campbell, Missouri	
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DATE REC'D BY LOCAL REG. 11/17/53		REGISTRAR'S SIGNATURE Mrs. Pearl Campbell		25. FUNERAL DIRECTOR'S SIGNATURE bandess Funeral Home, Campbell, Mo		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

0350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-22-53

COUNTY FILE NUMBER 153-28

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.

Signed _____
Student Embalmer

Signed *Christina M. Lenders*
Student Embalmer No. _____

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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.