

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

4659

State File No. _____

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 189 PRIMARY REG. DIST. NO. H225 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Beaie</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Foster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27 1954</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. 10 1884</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oxford Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Nye</u>	14. NAME OF HUSBAND OR WIFE <u>Mitchell 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>Mr. Mitchell Foster Oregon Missouri</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 day unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Stomach</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3.3/1XH</u>	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) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1953, to Jan 27, 1954; that I last saw the deceased alive on Jan 27, 1954, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lease F. Swanson M.D. Oregon Missouri 1954</u>	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 29 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oregon</u>
		24d. LOCATION (City, town, or county) (State) <u>Oregon Missouri</u>

DATE RECD BY LOCAL REG. <u>1-31-1954</u>	REGISTRAR'S SIGNATURE <u>James H. Crawford</u> <u>465-01</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James H. Pettigrew Oregon Mo</u>
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(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 James W. Littlejohn

Licensed Embalmer No. 3182

P. O. Address Beyon Mo

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

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