

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>	c. LENGTH OF STAY (in this place) <u>70 Yrs</u>	c. CITY OR TOWN <u>Rolla</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>744 Salem Ave., Rolla Mo.,</u>		e. STREET ADDRESS (If rural, give location) <u>744 Salem Ave., Rolla Mo.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OTIS</u>	b. (Middle) <u>CHARLES</u>	c. (Last) <u>FOSTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 12, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 28, 1883</u>
9. AGE (In years last birthday) <u>71</u>	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) <u>Porter Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Various</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iberia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Henry Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Lollis</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Naomi Carter Foster</u>
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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) <u>No</u> <u>XX</u>	16. SOCIAL SECURITY NO. <u>497-07-6100</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Naomi Carter Foster, Rolla Mo.,</u>	ADDRESS <u>Rolla Mo.,</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Throat</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 mo.</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>148 X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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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I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Mar. 12, 1954 and that death occurred at 11:00A m., from the causes and on the date stated above.

23. SIGNATURE (Degree or Title) <u>S. B. Y. Mull, Embalmer</u>	23b. ADDRESS <u>Rolla, Missouri</u>	23c. DATE SIGNED <u>Mar. 13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 15, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>	25. FUNERAL DIRECTOR'S SIGNATURE By <u>Paul E. Mull</u>	ADDRESS <u>Rolla Mo.,</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 3/22/54

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.....
Signature of Student Embalmer

Signed..... Paul E. No

Licensed Embalmer No... 449

P. O. Address..... Rolla,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.