

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11648**

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>59</u>		
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		c. LENGTH OF STAY (in this place) <u>1-day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		<u>0357</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Henderson St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>FOSTER</u>			4. DATE OF DEATH <u>May 5-1954</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept. 1883</u>		9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INVALID - LIFE TIME</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clifton, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Gray Foster</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary Clanton</u>		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>E. J. Foster, Dayton, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pulmonary tuberculosis</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Malnutrition</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>002 X</u> 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) (Min.) _____		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 <u>May 4, 1954</u> , to <u>May 5, 1954</u> , that I last saw the deceased alive on <u>May 5, 1954</u> , and that death occurred at <u>10 A m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Chester R. Peck M.D.</u>				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>May 6, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-7-54</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. H. Kennett, Mo.</u>		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-10-54

COUNTY FILE NUMBER 554-139

MAY 24 1954

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 _____

LYMAN R. CUNNINGHAM

Student Embalmer No. 503

working under my personal supervision.

Student Lyman R. Cunningham

Student Embalmer

Signed [Signature]

Licensed Embalmer No. 2556

P. O. Address Farmers, 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.