

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6161 Registrar's No. 29

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| 1. PLACE OF DEATH a. COUNTY <u>Stone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Flatcreek twp)</u> | | c. LENGTH OF STAY (in this place) c. CITY OR TOWN <u>Rural</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>1010</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) _____ c. (Last) <u>FOSTER</u> | | | 4. DATE OF DEATH <u>May 17, 1955</u> (Month) (Day) (Year) | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Nov. 13, 1869</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Mts. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Fair, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>Isiah Foster</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan E. Craycraft</u> | | 14. NAME OF HUSBAND OR WIFE <u>Alice Foster</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Alice Foster, Cape Fair, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Senility</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) _____ <u>4222</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) | | 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) | | 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 5-16 to 5-16, 1955, that I last saw the deceased alive on 5-16, 1955, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W.P. Battelle MD</u> (Degree or title) | | 23b. ADDRESS <u>Reeds Spring, Mo.</u> | | 23c. DATE SIGNED <u>May 20th, 1955</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-19-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Summers Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Cape Fair, Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>5-19-55</u> | | REGISTRAR'S SIGNATURE <u>Mr. J. Paul Brown</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Hembach</u> | | ADDRESS <u>Cassville, Mo.</u> | |
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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.....
Signature of Student Embalmer

Signed *Paul D. Venbest*.....

Licensed Embalmer No. *45*.....

P. O. Address *Cassville,*

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.