

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17650

State File No.

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Vandalia</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>301 East Washington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>301 East Washington</u> <u>204</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u>	b. (Middle) <u>Thurman</u>	c. (Last) <u>Foster</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1955</u>
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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>Feb 21, 1897</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rental</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ellsberry, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>George Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzie Kirk</u>	14. NAME OF HUSBAND OR WIFE <u>Floye Foster</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY (If yes, give war or date of service) <u>World War I</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Floye Foster, Vandalia, Mo.</u>	ADDRESS <u></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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot with gun. The deceased</u>		<u></u>
	ANTECEDENT CAUSES Morbid conditions, if any, (b) <u>was found dead by his wife</u> rise to the above cause, (a) starting, the underlying cause last.		<u></u>
DUE TO (c) <u>in his car in garage, with</u>		<u></u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hose attached to auto's exhaust and into auto through window into auto.</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None. Green Carbon Monoxide Poison</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vandalia Audrain Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 7, 1955 2m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>From Carbon Monoxide poison</u>
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22. I hereby certify that I attended the deceased from his death, until my removal and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. C. Adams M.D. Coroner</u>	23b. ADDRESS <u>Medico Mo.</u>	23c. DATE SIGNED <u>6/7/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6/16/55</u>	REGISTRAR'S SIGNATURE <u>Thelma Dugan</u>	FUNERAL DIRECTOR'S SIGNATURE <u>William B. Water</u>	ADDRESS <u>Vandalia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Verdict of Jury. The deceased, Lloyd Foster came to death by his own hands from carbon Monoxide and found dead at his home in the garage his wife. No indications of foul play, other than the deceased own act. Signed by Jury and
S. C. Adams M. H.

AUG 12 1955
AUG 10 1955

AUG 9 1955

Received 6/15/55
H.B.M.

AUG 9 1955

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 *William B. Galt*
Licensed Embalmer No. *416*
P. O. Address *Pandak*

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.