

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25136

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4550</u>		Registrar's No. <u>33</u>											
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan</u>		d. STREET ADDRESS (If rural, give location) <u>H 20</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)													
3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u>			b. (Middle)		c. (Last) <u>Foster</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1955</u>										
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>Jan. 22, 1886</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours		IF UNDER 1 HR. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Nodaway County, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					
13a. FATHER'S NAME <u>Levi Foster</u>				13b. MOTHER'S MAIDEN NAME <u>Emily Jane Stobaugh</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Letha 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>499-18-5842</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Letha Foster - Sheridan, Missouri</u>				ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)																	
<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u></p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____</p> <p>DUE TO (c) <u>4201</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS * (Conditions contributing to the death but not related to the disease or condition causing death.)</p>																	
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 <u>July 7, 1955</u> , to <u>July 13, 1955</u> , that I last saw the deceased alive on <u>July 13, 1955</u> , and that death occurred at <u>11p m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <u>Frank B. Madison MD.</u> (Degree or title)								23b. ADDRESS <u>Grant City, Missouri</u>				23c. DATE SIGNED <u>7-13-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>July 16, 1955</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Inteston Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Worth County, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>8-2-1955</u>				REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>				3457				25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill Dunfee</u> ADDRESS <u>Grant City, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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 Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City

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

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