

FILED SEP 8 1955

STANDARD CERTIFICATE OF DEATH

State File No. 25563

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4023 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Lynne		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Lynne	
c. LENGTH OF STAY (In this place) 2 yr.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Charles H. Foster			4. DATE OF DEATH (Month) (Day) (Year) Aug. 31 55		
a. (First)	b. (Middle)	c. (Last)	9. AGE (In years last birthday) 94	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Mill Springs, Ky.
5. SEX M.	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Apr. 6 1861	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Mill Springs, Ky.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mill Springs, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Joseph C. Foster		13b. MOTHER'S MAIDEN NAME Mary Jane Davis		14. NAME OF HUSBAND, OR WIFE Worcester Ann Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Gladys Scott, East Lynne, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate gland		DUE TO (b) Semplicity &		1 yr	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Strangulated Hernia			
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		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 54	
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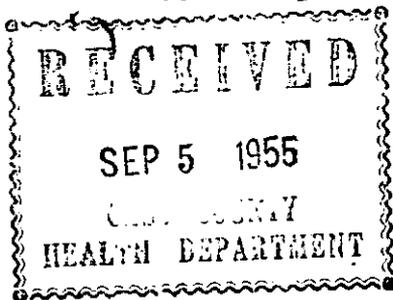
22. I hereby certify that I attended the deceased from **Sept 18, 1954**, to **Aug 30, 1955**, that I last saw the deceased alive on **Aug 30, 1955** and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul N. Green D.O.		23b. ADDRESS Harrisonville, Mo.		23c. DATE SIGNED 9-2-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2 55		24c. NAME OF CEMETERY OR CREMATORY Orient Cemetery		24d. LOCATION (City, town, or county) (State) Harrisonville, Mo.	
DATE REC'D BY LOCAL REG. Sept 3, 1955		REGISTRAR'S SIGNATURE Nora Barnard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. D. Hartzler, East Lynne, Mo.			

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

0190



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 A. D. Nestler

Licensed Embalmer No. 2717

P. O. Address East Lynne, 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.