

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37621**

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 5856		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hopkins		c. LENGTH-OF- STAY (in this place) 65 yrs.		c. CITY OR TOWN Hopkins		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home				e. STREET ADDRESS (If rural, give location) Family home			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) OTIS		c. (Last) FOSTER		4. DATE OF DEATH (Month) (Day) (Year) 11 11 55	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5/23/90	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 YRS. Hour _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Page County, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alden Foster		13b. MOTHER'S MAIDEN NAME Elnora Hopple		14. NAME OF HUSBAND OR WIFE Florence Blake Foster			
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. 499-16-4728		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Foster, Hopkins, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) 1561				INTERVAL BETWEEN ONSET AND DEATH 1 yr	
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 9/11 1955 to Nov. 11, 1955 , that I last saw the deceased alive on Nov 11, 1955 and that death occurred at 5:30 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) M. D.				23b. ADDRESS Hopkins, Missouri		23c. DATE SIGNED 11/13/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/13/55		24c. NAME OF CEMETERY OR CREMATORY Hopkins		24d. LOCATION (City, town, or county) (State) Hopkins, Missouri	
DATE REC'D BY LOCAL REG. 11-19-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			

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 *Clun M. Price*.....

Licensed Embalmer No. *18*.....

P. O. Address *Mayville*.....

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.