

FILED JAN 25 1956

STANDARD CERTIFICATE OF DEATH

State File No.
1690

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

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Sarcouxie Mo</u>		c. CITY OR TOWN <u>Sarcouxie Mo</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		e. STREET ADDRESS (If rural, give location) <u>2 miles West of Sarcouxie mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2 miles W. of Sarcouxie</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lennie</u>	b. (Middle) <u>Earl</u>	c. (Last) <u>Foster</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9 1956</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>June 16, 1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sarcouxie Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James H. Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Foster</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elsie Foster</u>	ADDRESS <u>Rtl Sarcouxie Mo</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>30 min.</u> <u>years</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis with myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Decompensation</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>4201</u> (COUNTY) _____ (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from 1-2, 1953, to 1-9, 1956, that I last saw the deceased alive on 1-9, 1956 and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Woodstone, Mo.</u> (Degree or title) _____	23b. ADDRESS <u>Sarcouxie Missouri</u>	23c. DATE SIGNED <u>1-9-56</u>
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24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>1-11-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarcouxie Missouri</u>	24d. LOCATION (City, town, or county) (State) <u>Sarcouxie Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-11-56</u>	REGISTRAR'S SIGNATURE <u>W. Clinton '39</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson and Son</u> ADDRESS <u>Sarcouxie Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 23 1956
Jasper County Health Office

County File Number 56-1-68
Date Filed JAN 23 1956

VS SEP 17 1959

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 Harvey E. Amur

Licensed Embalmer No. 446

P. O. Address Webb City

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.