

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH15337
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6215 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN RFD. #2 Walker, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD. # 2 Walker, Mo. Life			Length of stay in 1b	d. STREET ADDRESS Osage Township		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Staten First Foster Middle Last				4. DATE OF DEATH April 3 1956 Month Day Year			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 28th, 1897		9. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant &	10b. KIND OF BUSINESS OR INDUSTRY Salesman		11. BIRTHPLACE (City and state or country) Harwood, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME I.W. Foster				14. MOTHER'S MAIDEN NAME Bird Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Adaline B. Foster Walker, Mo. Address RFD #2			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac arrest						INTERVAL BETWEEN ONSET AND DEATH Progressive 24 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General debility & central nervous system degeneration						24 years	
DUE TO (c) Parkinson's disease						24 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 350X						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from March 1948 to April 3, 1956 . and last saw him her alive on Apr. 2, 1956 Death occurred at 11.10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R.B. Wray, M.D. (Degree or title)				22b. ADDRESS Moore Building, Nevada, Mo.		22c. DATE SIGNED 4-6-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 5-1956	23c. NAME OF CEMETERY OR CREMATORY Newton Cemetery		23d. LOCATION (City, town, or county) Nevada, Mo.		(State)
24. FUNERAL DIRECTOR Hays Funeral Service Inc ADDRESS			25. DATE RECD. BY LOCAL REG. 4-11-1956		26. REGISTRAR'S SIGNATURE Ormal E. Ferry		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Columbian cannot carry to a death due to natural causes.

Diseases that must be caused by a death due to natural causes.

MS SEP 17 1958

JUN 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
H. H. Marmaduke

Licensed Embalmer No. 20

P. O. Address Nevada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.