Health, Welfare Public Service

300 -57

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24535

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3062

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 345 So. Quincy — Length of stay in lb 16 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 345 S. Quincy — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First BRACK Middle — Last FOSTER

4. DATE OF DEATH Month Day Year June-29-1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Jan-6-1889

9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance

10b. KIND OF BUSINESS OR INDUSTRY Steel Fabrication

11. BIRTHPLACE (City and state or country) Whitley, Ky.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hiram Foster

13b. MOTHER'S MAIDEN NAME Nettie King

14. NAME OF HUSBAND OR WIFE Vera Foster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 403-07-2285

17. INFORMANT Vera Foster Address 345 S. Quincy K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Jan-23-1953

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Congestive Heart Failure — June-29-1957

DUE TO (c) Advanced Arterial Sclerosis — 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 JAN. 1953, to JUNE 29-1957 and last saw ~~her~~ him alive on JUNE-29-1957
Death occurred at 10:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph D Schneider DO

22b. ADDRESS 3838 ½ Prospect - K.C. Mo.

22c. DATE SIGNED 6-30-1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-2-1957

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS C. H. Blackman & Son Inc K.C. Mo.

25. DATE RECD. BY LOCAL REG. 7-2-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Joseph Schneider

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 Bert B. Benne

Licensed Embalmer No. 4656

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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