

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29138

STATE FILE NUMBER

FILED SEP 5 1957

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 276

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Desloge</b>		c. CITY OR TOWN <b>Desloge</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>700 S Main St.</b>		d. STREET ADDRESS <b>700 S Main</b>	
Length of stay in lb <b>10 Yrs.</b>		(If outside, give location) <b>8940</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Charlotte</b> Middle <b>Marie</b> Last <b>Foster</b>			4. DATE OF DEATH Month <b>August</b> Day <b>27</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 25, 1919</b>	9. AGE (In years last birthday) <b>37</b>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <b>8</b> Days <b>2</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	
13. FATHER'S NAME <b>Robert Rock</b>			14. MOTHER'S MAIDEN NAME <b>Lottie Bright</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b></b>		17. INFORMANT <b>Dr. Jack L. Foster, Desloge, Mo</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>apparently drowning (self)</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coroner Jury Verdict: From cancer</b>	
	DUE TO (c) <b>Unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>975X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Found dead in bath tub full of water</b>	
20c. TIME OF INJURY <b>11:45 p.m. Aug. 27, 1957</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Desloge St. Francois Mo.</b>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <b>Paul J. Miller</b> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Farmington, Mo</b>		22c. DATE SIGNED <b>8/28/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/30/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Francois, Missouri</b>	
24. FUNERAL DIRECTOR <b>C.Z. Boyer &amp; Son Desloge, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug. 28, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>	

(Licensed Embalmer's Statement on Reverse Side)

with, public service, 00-56, diseases in Part I must be, causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. 9-0

SEP 26 1957

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed.....  
*J. H. Dyer*

Licensed Embalmer No. 36

P. O. Address.....  
*Aliso*

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.