

Health,
Welfare
Public
Service

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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

Robert K. Russell

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31855
STATE FILE NUMBER 4276
Registrar's No.

FILED OCT 4 1957

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Raytown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Length of stay in lb 3 hrs.		d. STREET ADDRESS 6324 Cedar		(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) EMERY LAWRENCE FOSTER				4. DATE OF DEATH Sept. 13, 1957					
5. SEX <input type="radio"/> Male <input type="radio"/> Female		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 Dec. 27 1891		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Varna Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Walter Foster				14. MOTHER'S MAIDEN NAME Sylvia Estella Traver					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. W.W.#1 496-09-1617		17. INFORMANT Laura Frances Foster Raytown, Mo.			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident (Stroke)							INTERVAL BETWEEN ONSET AND DEATH 4 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertensive Cardiovascular					10 yrs.		
		DUE TO (c) Essential Hypertension					15-20 yrs.		
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? 443x 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 a. m. p. m.									
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 Raytown		COUNTY Jackson		STATE Mo.	
21. I attended the deceased from Jan 6, 1954 , to Sept 13, 1957 and last saw him alive on Sept 13, 1957 Death occurred at 4:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Robert K. Russell M.D.				22b. ADDRESS 6300 Chandler Raytown Mo.			22c. DATE SIGNED 9/14/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 16, 1957		23c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery		23d. LOCATION (City, town, or county) (State) Raytown, Mo.			
24. FUNERAL DIRECTOR Clark H. Hagen				ADDRESS Raytown Mo.		25. DATE RECD. BY LOCAL REG. 9-14-57		26. REGISTRAR'S SIGNATURE neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

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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 *C. Clark Present*

Licensed Embalmer No. 39

P. O. Address Paytown

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.