

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36939

FILED NOV 12 1957

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5984 Registrar's No. 129

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland, Mo. Rt # 2		c. CITY OR TOWN Richland, Mo	
c. FULL NAME OF HOSPITAL OR INSTITUTION None.		d. STREET ADDRESS (If outside, give location) Rural Rt # 2.	
3. NAME OF DECEASED (Type or print) First Lon Middle A. Last Foster.		4. DATE OF DEATH Month 10 Day 24 Year 1957	
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 4, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and state or country) King City, Missouri
13a. FATHER'S NAME Robert Thomas Foster.		13b. MOTHER'S MAIDEN NAME Florence A. Frederick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No.		17. INFORMANT Address Clarice L. Foster Richland, Mo Rt#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) Uremia Poisoning Bright's Disease DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 593X			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 _____ Month, Day, Year _____ 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 COUNTY STATE	
21. I attended the deceased at on 10/24/57 to _____ and last saw her at on _____ Death occurred at Approx time 8:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature] County Coroner.		22b. ADDRESS Richland, Missouri	
		22c. DATE SIGNED 10/25/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/26/57	
23c. NAME OF CEMETERY OR CREMATORY Iduma Cemetery		23d. LOCATION (City, town, or county) (State) Richland, Mo Rural Rt.	
24. FUNERAL DIRECTOR Hedges Funeral Home Richland, Mo		25. DATE RECD. BY LOCAL REG. 10-26-57	
		26. REGISTRAR'S SIGNATURE [Signature]	

RECEIVED 11-2-57
Pulaski County Health Officer
129
File Number
Date Filled 10-26-57

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 *Clarence Thross*

Licensed Embalmer No. 4896
P. O. Address *Wagonville, 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.