

FILED NOV 5 1957

THE GREAT STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36972

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 256

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Clark</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wabash Employes' Hospital</u>				Length of stay in hospital since <u>10/19/57</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>First PERRY Middle WARREN Last FOSTER</u>				4. DATE OF DEATH Month <u>November</u> Day <u>1</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 14, 1860</u>		9. AGE (In years last birthday) <u>97</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Light Tender, Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR Co.</u>		11. BIRTHPLACE (City and state or country) <u>All</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>George Foster</u>				14. MOTHER'S MAIDEN NAME <u>unbarrow</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Robert Foster</u> Address <u>Columbia Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Mal-nutrition and Semility</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>Years</u> <u>Years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Not applicable</u>					
20c. TIME OF INJURY Hour <u>7:35 A.</u> Month, Day, Year <u>Moss</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
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 <u>October 19, 1957</u> , to <u>October 31, 1957</u> and last saw <u>him</u> alive on <u>Oct. 31, 1957</u> Death occurred at <u>7:35 A. Moss</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Dr. J. M. Smith M.D.</u>				22b. ADDRESS <u>Wabash Employes' Hospital Moberly, Missouri</u>		22c. DATE SIGNED <u>11/1/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 3 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Clark Missouri</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-2-57</u>		26. REGISTRAR'S SIGNATURE <u>Robert Foster</u>	

(Licensee/Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....  
*Jerry R. Carter*

Licensed Embalmer No. 4906

P. O. Address *Mohrly, 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.