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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024927
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Burlington R.R. yards — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: alabama
b. COUNTY: 8010
c. CITY OR TOWN: Huntsville — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Bufford Middle Edward Last Foster

4. DATE OF DEATH: Month July Day 19 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-7-1922
9. AGE (In years at last birthday): 36 — 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): Cafe-Waiter & Cook
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Athens, alab
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Ben W. Foster
13b. MOTHER'S MAIDEN NAME: Hattie Robertson
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW #2
16. SOCIAL SECURITY NO.: 540-28-4938
17. INFORMANT: Huntsville, alab, Spry Funeral Home

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Head injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Struck By train Engine
DUE TO (c): Sitting on R.R. Ties

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 802X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 35
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: 600
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. D. Pate (Degree or title) M.D. (Coroner 3)
22b. ADDRESS: North Kansas City Mo
22c. DATE SIGNED: 7/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-19-58
23c. NAME OF CEMETERY OR CREMATORY: Sandlin Cem.
23d. LOCATION (City, town, or county) (State): Limestone Co. Alab

24. FUNERAL DIRECTOR: D.W. Newcomers, N.K.C.
ADDRESS:
25. DATE RECD. BY LOCAL REG.: 7-19-58
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 11 1958

RECEIVED
JUL 21 1958
CLAY CO.
HEALTH CENTER

US APR 15 1959

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 John H Kalsbeek

Licensed Embalmer No. 4949

P. O. Address Mc Kansas

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.