

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025232
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Grundy County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Hospital		Length of stay in 1b One week	d. STREET ADDRESS (If outside, give location) 800 E. 19th Street
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Gladys Lee Foster	4. DATE OF DEATH Month Day Year July 10 1958
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5. SEX Female	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 Nov. 18, 1904	9. AGE (In years last birthday) 53	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Clerk	10b. KIND OF BUSINESS OR INDUSTRY Variety Store	11. BIRTHPLACE (City and state or country) Grundy County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jason Lee Elliott	13b. MOTHER'S MAIDEN NAME Nellie Odessa Blazer	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-24-8649	17. INFORMANT Address Mrs. Mary Wilson Trenton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Failure		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b)		
DUE TO (c)		586X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fall - Bladder operation July 6th 1958		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Death occurred at July 1st 1958 to July 10th 1958 and last saw her/him alive on July 10th 1958 at 3:55 am on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) Oliver F. Duffley	22b. ADDRESS Trenton Mo	22c. DATE SIGNED July 10th 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 14, 1958	23c. NAME OF CEMETERY OR CREMATORY Rural Dale	23d. LOCATION (City, town, or county) (State) Grundy County, Mo. 1958
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24. FUNERAL DIRECTOR Donald H. Water	ADDRESS Trenton, Mo.	25. DATE RECD. BY LOCAL REG. 7/14/58	26. REGISTRAR'S SIGNATURE Frene Jar
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(Licensed 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ronald H. Slater*

Licensed Embalmer No. ~~4467~~

P. O. Address Trenton, N.J.

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.