

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027923

STATE FILE NUMBER

FILED AUG 12 1958

Registration District No. 336

Primary Registration District No. 4493

Registrar's No. 462

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Birch Tree Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Birch Tree
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) Route 2
3. NAME OF DECEASED (Type or print) First Middle Last Lester Foulk			4. DATE OF DEATH Month Day Year July 31, 1958
5. SEX Male	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 Jan. 1, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY FARM	9. AGE (In years) (Last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Glasford, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Reazin Foulk		13b. MOTHER'S MAIDEN NAME Sarah Grissom	
14. NAME OF HUSBAND OR WIFE Alta Frampton		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. yes		17. INFORMANT Alta Foulk Birch Tree, Missouri 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) Transition & Debilitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Primary Carcinoma of Breast DUE TO (c) with Metastases to Prostate & Lungs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X			INTERVAL BETWEEN ONSET AND DEATH 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 from Death occurred at 6:30 a.m. on 1954 - to 1958 and last saw her alive on July 29 - 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Walter Hampton D.O.		22b. ADDRESS Summersville Mo	
22c. DATE SIGNED 8-8-58		23. NAME OF CEMETERY OR CREMATORY Amcaster Cemetery	
23a. BURIAL, CREMATION, REMOVAL removal 8/1/58		23b. LOCATION (City, town, or county) (State) Glasford, Illinois	
24. FUNERAL DIRECTOR Duncan Funeral Home Mt View Mo.		25. DATE RECD. BY LOCAL REG. 8-11-1958	
26. REGISTRAR'S SIGNATURE Mabel Galt			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS FEB 1 1961

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 *Richard A. Norton* .....

Licensed Embalmer No. *5029* .....

P. O. Address. *77th St., 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: