

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040527

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 164 Primary Registration District No. 5600 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Simpson Township		c. CITY OR TOWN Warrensburg	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD 2, Warrensburg		d. STREET ADDRESS (If outside, give location) RFD 2	
3. NAME OF DECEASED (Type or print) First Raymona Middle Joyce Last Foster		4. DATE OF DEATH Month 12 Day 2 Year 1958	
5. SEX Female	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 6/28/1929
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Warrensburg, Missouri
13a. FATHER'S NAME R. W. Foster		13b. MOTHER'S MAIDEN NAME Bertha Harness	14. NAME OF HUSBAND OR WIFE Lawrence L. Foster
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. 495-40-3726	17. INFORMANT Address Lawrence L. Foster Warrensburg, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing Injuries to Head & Chest			INTERVAL BETWEEN ONSET AND DEATH Immediate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Headon Automobile Accident	
20c. TIME OF INJURY Hour Month, Day, Year a.m. XX 12/2/58		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Highway		20f. CITY, TOWN, OR LOCATION Simpson Township, Johnson, Missouri	
21. I attended the deceased from Coroner's Inquest 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 Kelly Rawlins M.D. (Degree or title) 3		22b. ADDRESS Holden, Missouri	
22c. DATE SIGNED 12/2/1958		23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	
23b. DATE Dec 58		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
23d. LOCATION (City, town, or county) Warrensburg, Missouri		23e. DATE RECD. BY LOCAL REG. Dec. 3, 1958	
24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo.		25. REGISTRAR'S SIGNATURE Swanwick Curtisfield	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

DEC 15 1963

REC'D JUN 20 1964

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 P. Hodges
Licensed Embalmer No. 4963

P. O. Address Waarensburg, Mi

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.