

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001154

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 142

Primary Registration District No. 5336

Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If address is in township only) Mountain View Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Mountain View 0460 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) Home Length of stay in lb yo		d. STREET ADDRESS 1/2 Mi. N. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ZULA Middle FOSHE Last CARR			4. DATE OF DEATH Jan. 21- 1959
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 Feb. 29-1888
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 10 Days 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Greenville, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME S. B. Foshe	
13b. MOTHER'S MAIDEN NAME Katherine Swatzel		14. NAME OF HUSBAND OR WIFE Walter Carr	
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.	17. INFORMANT Walter Carr Address Mtn. View, 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) Congestive Heart failure DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			INTERVAL BETWEEN ONSET AND DEATH
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 <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 MT. View, Mo. COUNTY STATE 	
21. I attended the deceased from Dec. 31, 1958 to Jan. 21, 1959 and last saw her alive on Jan 21, 1959 Death occurred at 2:30 P M on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.C. Walter M.D.		22b. ADDRESS MT. View, Mo.	22c. DATE SIGNED 1-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-25-59	23c. NAME OF CEMETERY OR CREMATORY Oak Side	23d. LOCATION (City, town, or county) (State) Mtn. View, Mo.
24. FUNERAL DIRECTOR DUNCAN'S Mtn. View, Mo. ADDRESS 		25. DATE RECD. BY LOCAL REG. 1-28-59	26. REGISTRAR'S SIGNATURE Laura Mitchell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *511 E. Union*

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.