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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002163
STATE FILE NUMBER

FILED FEB 5 1959 Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3 — Length of stay in 1b 2 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Charleston — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Dorothy Middle Lee Last Foster

4. DATE OF DEATH Month January Day 25 Year 1959

5. SEX Female 3
6. COLOR OR RACE Col.
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov. 28, 1958
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ——
10b. KIND OF BUSINESS OR INDUSTRY ——
11. BIRTHPLACE (City and state or country) Charleston, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Percy Foster
13b. MOTHER'S MAIDEN NAME Lillie Mae Gardner
14. NAME OF HUSBAND OR WIFE ——

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ——
16. SOCIAL SECURITY NO. ——
17. INFORMANT Percy Foster, Rt. 3, Charleston, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suffication — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ——
DUE TO (c) 9240
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 15
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) child was sleeping with parents when they awaken the baby was dead..
20c. TIME OF INJURY 4:00 A.M. Hour a.m. p.m. Month, Day, Year Jan.25,'59
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.) Home
20f. CITY, TOWN, OR LOCATION Charleston (Rural) COUNTY Miss. STATE Missouri

21. I attended the deceased from After death as Coroner and last saw her/him alive on ——
Death occurred at 4:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) Coroner
22b. ADDRESS Charleston, Mo.
22c. DATE SIGNED 1/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 26, 1959
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State) Charleston, Missouri

24. FUNERAL DIRECTOR L. R. Sparks ADDRESS Charleston, Missouri
25. DATE RECD. BY LOCAL REG. 1-30-59
26. REGISTRAR'S SIGNATURE Dorothy B. Hatthorn

(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.

RECEIVED
Miss. Co. Health Dept
County File No._____
Date Filed 2-4-52

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.

This body was not embalmed

Student .....
Signature of Student Embalmer

Signed Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address Cape Girardeau, 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.