IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-029825

STATE FILE NUMBER 62

FILED VS SEP 9 1959

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Charleston
Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: en route Doctor's Office
Inside Limits: Yes ☒ No ☐

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): 204 S. Locust St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: L. D. Middle: Last: Foster
4. DATE OF DEATH: Month Day Year: August 15, 1959
5. SEX: Male
6. COLOR OR RACE: Col.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug. 7, 1937
9. AGE (last birthday): 22
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Charleston, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Grant Foster
13b. MOTHER'S MAIDEN NAME: Elnora Butler
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.: 495-40-8366
17. INFORMANT: Lenora Edwards, Charleston, Missouri 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): Stab wound in heart — INTERVAL BETWEEN ONSET AND DEATH: 10 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) from an argument a Eugene Harrus, stabbed L. D. Foster in the heart with a sharp instrument (Possably a ice pick)
20c. TIME OF INJURY: Hour ~~a.m.~~ p.m. 9:20 Month, Day, Year: 8/15/59
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.): Street
20f. CITY, TOWN, OR LOCATION: Charleston COUNTY: Mississippi STATE: Mo.

21. I attended the deceased from After death as Coroner and last saw her/him alive on
Death occurred at 9:30 P. 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: 8/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 22, 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, Mo.
25. DATE RECD. BY LOCAL REG.: 8-21-59
26. REGISTRAR'S SIGNATURE: Dorothy B. Hutchison

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Oliver H. Holmes

Signature of Student Embalmer

Licensed Embalmer No. 4190

P. O. Address Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.