

# STANDARD CERTIFICATE OF DEATH

'59 0 4 3 4 7 5

REG. NO. A-1771      Primary Registration District No. 3007      Registrar's No. 630

FILED VS JAN 11 1960

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		c. CITY OR TOWN <b>BERNIE</b>	
Length of stay in 1b <b>17 DAYS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		d. STREET ADDRESS <b>NONE</b> (If outside, give location)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>RUBEN</b> Middle <b>ELMER</b> Last <b>FOSTER</b>			4. DATE OF DEATH <b>DECEMBER 21, 1959</b> Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-7-10</b>	9. AGE (last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BODY &amp; FENDER MAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AUTOMOBILE</b>	11. BIRTHPLACE (City and state or country) <b>MALDEN, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ALBERT FOSTER</b>	13b. MOTHER'S MAIDEN NAME <b>LOTTIE TUTTLE</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. MELVA FOSTER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWII</b>	16. SOCIAL SECURITY NO. <b>495186852</b>	17. INFORMANT Address <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>1 - 2 DAYS UNKNOWN</b>
IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS, LEFT, WITH MYOCARDIAL-INFARCT.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>RHEUMATIC HEART DISEASE.</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. / attended the deceased from <b>DEC. 4, 1959</b> to <b>DEC. 21, 1959</b> and last saw him alive on <b>DEC. 21, 1959</b> Death occurred at <b>1:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>J. Lester Harwell</i> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>VA HOSPITAL, Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>12/21/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-24-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
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24. FUNERAL DIRECTOR <b>Frank-Cotrell Poplar Bluff, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12/31/59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 11 19

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 Edgar W. [Signature]

Licensed Embalmer No. 3394

P. O. Address [Signature]

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.