

DEPT. OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000435

FILED VS JAN 25 1960

042

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 67

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Twp.		Length of stay in 1b		c. CITY OR TOWN St. Louis		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 Mi. East St. Joseph, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6224 Bowman St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year		
First MILTON			Middle CLYDE			Last FOSTER		
5. SEX Male			6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-17-1909	
9. AGE (last birthday) 50		IF UNDER 1 YEAR		IF UNDER 24 HR		Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipefitter		10b. KIND OF BUSINESS OR INDUSTRY Bldg. Ind.		11. BIRTHPLACE (City and state or country) Salina, Kansas		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Clyde Foster			13b. MOTHER'S MAIDEN NAME Dot Douglas			14. NAME OF HUSBAND OR WIFE Beulah E. 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. 492-03-9436		17. INFORMANT Address Beulah E. Foster St. Louis, Mo.				
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	
IMMEDIATE CAUSE (a) Traumatic shock + hemorrhage							at once	
DUE TO (b) Basilar skull fracture							at once	
DUE TO (c) One car accident							at once	
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.	
None seen on Highway 36 about 9 miles east of St Joseph, Mo							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOME <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 9:15 p.m.		Month, Day, Year 1-19-60		Highway 36 Buchanan Mo				
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		
21. I attended the deceased from viewed body and last saw him alive on 1-19-60								
Death occurred at 9:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Tom Meloney M.D. Coronar			22b. ADDRESS 214 Kirkpatrick St Joe 8, Mo			22c. DATE SIGNED 1-20-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan. 20, 1960		23c. NAME OF CEMETERY OR CREMATORY St. Joseph, Mo.		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR N.O. Sidenfaden & Son			ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 20, 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

DOCUMENT

SE: Meloney, Medical Certification

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert H. Gyer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.