

MORTUARY DIVISION OF MISSOURI - STANDARD CERTIFICATE OF DEATH

FILED 13 AUG 25 1960

60-030546

Registration District No. 149 Primary Registration District No. 1402 Registrar's No. 4102 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Kansas</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>3 WEEKS</u>	c. CITY OR TOWN <u>OVERLAND Park</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7340 Marty</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Anna</u>	Middle <u>LEE</u>	Last <u>Foust</u>	Month <u>August</u>	Day <u>8</u>	Year <u>1960</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-10-07</u>	9. AGE (last birthday) <u>52</u>	10. IF UNDER 1 YEAR		10. IF UNDER 24 HR	
					Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EXECUTIVE SECRETARY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INTERNATIONAL DIVISION CIVIL AERONAUTICS BOARD</u>	11. BIRTHPLACE (City and state or country) <u>HARRISONVILLE, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>JOHN HENRY FOUST</u>	13b. MOTHER'S MAIDEN NAME <u>AUGUSTA G. WILLIAMSON</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT <u>7340 MARTY MRS. AUGUSTA FOUST OVERLAND PARK, KANSAS</u>
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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
IMMEDIATE CAUSE (a) <u>Carcinomatosis</u>	<u>1 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchiogenic Carcinoma</u>	<u>1 yr</u>
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

19. WAS AUTOPSY PERFORMED? YES <input 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	Month, Day, Year
	a.m. p.m.	

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. I attended the deceased from January 1960 to August 8, 1960 and last saw her alive on 8-7-60
 Death occurred at 6:10 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John H. Mayer Jr</u> (Degree or title) <u>MO</u>	22b. ADDRESS <u>4620 Jc Nichols KC MO.</u>	22c. DATE SIGNED <u>8/9/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>AUGUST 10, 1960</u>	23c. NAME OF CEMETERY OR PLACE OF INTERMENT <u>FOREST HILL CEMETERY</u>	23d. LOCATION (City, town, or county) <u>KANSAS CITY</u>	(State) <u>MISSOURI</u>
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24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S SONS</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>8-10-60</u>	26. REGISTRAR'S SIGNATURE <u>H. L. Sawyer</u>
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BY AFFIDAVIT OF JOHN H. MAYER, JR. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 493

P. O. Address K P

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