URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

-60-031122

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 108

NDED

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg — Length of stay in 1b 3 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Feagans Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 210 ½ Grover — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Sarah Middle A. Last Foster

4. DATE OF DEATH Month Aug, Day 29, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2/11/1872
9. AGE (last birthday) 88 — 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) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Johnson Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Richard H. Wood
13b. MOTHER'S MAIDEN NAME Sarah Pemberton
14. NAME OF HUSBAND OR WIFE James Foster (Dec)

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. none
17. INFORMANT Lee Foster — Address Halsey Oregon

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) Adeno Carcinoma / Sigmoid — INTERVAL BETWEEN ONSET AND DEATH 1 Year
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-8-46, to 8-29-60 and last saw her/him alive on 8-27-60
Death occurred at 8:00A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. H. Damron (Degree or title) M.D.
22b. ADDRESS Warrensburg, Missouri
22c. DATE SIGNED 8-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips Warrensburg, Missouri
25. DATE RECD. BY LOCAL REG. Aug. 30, 1960
26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Morris D Bailey

Signature of Student Embalmer

Licensed Embalmer No. 4887

P. O. Address Warren

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