RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039458
STATE FILE NUMBER

FILED VS OCT 18 1960

Registration District No. 316 Primary Registration District No. — Registrar's No. 394

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township
Length of stay in Ib 22 Y; 4M; 15 das.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4
Inside Limits Yes ☐ No XX

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN Benton
Inside Limits Yes ☐ No XX
d. STREET ADDRESS Route 1 (If outside, give location)
Reside on Farm Yes ☐ No ☐ Unknown

3. NAME OF DECEASED (Type or print) First MARIE Middle Last FOSTER
4. DATE OF DEATH Month October Day 1, Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married XX Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug. 25, 1899
9. AGE (last birthday) 61
IF UNDER 1 YEAR Months 1 Days 8
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work at home.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Benton, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Carter Foster
13b. MOTHER'S MAIDEN NAME Ella Miller
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. Unknown
17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.

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) Status epilepticus - instantaneous.
INTERVAL BETWEEN ONSET AND DEATH

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)
Mental deficiency with psychosis with epilepsy.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
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 May 16, 1938, to Oct. 1, 1960 and last saw her alive on Oct. 1, 1960
Death occurred at 7:30 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clarence F. Hoerter (Degree or title) M.D.
22b. ADDRESS State Hospital No. 4 Farmington, Missouri
22c. DATE SIGNED 10-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-2-60
23c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery
23d. LOCATION (City, town, or county) (State) Benton, Missouri

24. FUNERAL DIRECTOR Bopling Hoff Funeral Home ADDRESS Benton, Mo
25. DATE RECD. BY LOCAL REG. Oct. 3, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4470

P. O. Address_____

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