

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046811

FILED VS DEC 29 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 496 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Marion		b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		a. STATE Missouri		b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		Length of stay in lb 5 days		c. CITY OR TOWN Palmyra		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD# 3, Liberty Twnshp		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First William		Middle Sites		Last Foster		Month Dec.		
Day 12		Year 1960						
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/9/1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Palmyra, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Christopher Foster			13b. MOTHER'S MAIDEN NAME Mary Madora Sites			14. NAME OF HUSBAND OR WIFE Effie Jane Baxter 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. 494-20-5021		17. INFORMANT Gerald Foster, Rt. 3, Palmyra, 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) Bronchial pneumonia						3 da.		
DUE TO (b) Cardiac failure acute						3 da.		
DUE TO (c) Fracture of Vertebra T11+L1								
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"/> N- <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)				
20c. TIME OF INJURY Hour 3 p.m.	Month, Day, Year Dec 5, 1960							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway near home		20f. CITY, TOWN, OR LOCATION Palmyra		COUNTY Marion		STATE Mo	
21. I attended the deceased from Dec 5, 1960 to Dec 12, 1960 and last saw him alive on Dec 12, 1960 Death occurred at 9:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J.W. Well M.D.				22b. ADDRESS Palmyra Mo.		22c. DATE SIGNED 12/16/60		
23a. BURIAL CREATION, REMOVAL (Specify) Burial		23b. DATE 15 Dec. 1960	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) Palmyra, Missouri			
24. FUNERAL DIRECTOR Lewis Brothers', Palmyra, Mo.				25. DATE RECD. BY LOCAL REG. 12/19/60		26. REGISTRAR'S SIGNATURE Dr. E.M. Lusk by William M. Herman		

DOCUMENT

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 George M. Seun

Licensed Embalmer No. 4851

P. O. Address Palmyra, Mo.

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