

Dept. Health,
Educ., & Welfare
U. S. Public
Health Service

Registration District No. 128 Primary Registration District No. 200D Registrar's No. 222

V. S. 300
Rev. 1-57

0397

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Cassville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		d. STREET ADDRESS (If outside, give location) 0050a Rural Route 1	
3. NAME OF DECEASED (Type or print) First WANDA Middle FOSTER Last FOSTER		4. DATE OF DEATH Month March Day 2 Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 14, 1944
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY High School	11. BIRTHPLACE (City and state or country) Shell Knob, Mo.
13a. FATHER'S NAME Alfred Foster		13b. MOTHER'S MAIDEN NAME Clara Batson	14. NAME OF HUSBAND OR WIFE Never married
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. None	17. INFORMANT Doyle Williamson, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Injuries - DOA			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) _____			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" 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.) Automobile Accident	
20c. TIME OF INJURY 8:45 p.m. 3-2-61		20d. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.) Hiway	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 4 3/4 Miles West of Barry	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at 11:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		20g. COUNTY 39 STATE Mo Barry Co. Mo	
22a. SIGNATURE (Degree or title) Charles J. Ash M.D.		22b. ADDRESS 1211 S. Alonstone	
22c. DATE SIGNED 8 Mar 61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/3/1961	
23c. NAME OF CEMETERY OR CREMATORY Carney Cemetery		23d. LOCATION (City, town, or county) (State) Barry County, Mo.	
24. FUNERAL DIRECTOR Doyle Williamson		25. DATE RECD. BY LOCAL REG. 3-10-61	
26. REGISTRAR'S SIGNATURE Effie S. McEllin			

MAR 21 1961

STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed *Keith Collier*

..... Licensed Embalmer No. *3632*
P. O. Address *Springfield, 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.