SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022163
STATE FILE NUMBER

AMENDED

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 40

FILED JUN 30 1961

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farley — Length of stay in 1b: 5 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farley (Home at Home General Delivery) — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Jane Middle Ann Last Foster
4. DATE OF DEATH Month June Day 19 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Child Divorced ☐
8. DATE OF BIRTH Mar 2 1956
9. AGE (last birthday) 5 — 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) Child
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (City and state or country) Smithville, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jimmie Wayne Foster
13b. MOTHER'S MAIDEN NAME Janice Leonard
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Janice Foster, Mother, Address Farley, 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) Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH Congenital
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 1956, to 1961 and last saw her/him alive on —.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) — 22b. ADDRESS Platte City, Mo — 22c. DATE SIGNED 6-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jun 21 1961
23c. NAME OF CEMETERY OR CREMATORY Hampton Cemetery
23d. LOCATION (City, town, or county) Platte County (State) Missouri

24. FUNERAL DIRECTOR L H Francis ADDRESS Parkville, Missouri
25. DATE RECD. BY LOCAL REG. June 21 1961
26. REGISTRAR'S SIGNATURE Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

JUN 3 0 1981

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_____ Signed L H Frances

Signature of Student Embalmer

Licensed Embalmer No. 1107

P. O. Address Parkville, 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.