

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031826

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 35

AMENDED

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY <u>BENTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>N. Justice Township</u>		Length of stay in 1b	c. CITY OR TOWN <u>Warsaw (Rural)</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Paradise Point Camp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Paradise Point Camp</u>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES H FOSTER</u>			4. DATE OF DEATH Month Day Year <u>Oct 3 1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 7, 1901</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>36</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer Stockman</u>		11. BIRTHPLACE (City and state or country) <u>Alexander, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.-A</u>		13a. FATHER'S NAME <u>Charles Henry Foster</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Rodgers</u>	
14. NAME OF HUSBAND OR WIFE <u>Zelda Foster</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. INFORMANT <u>Zelda Foster Rt 3 Warsaw</u>	

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) <u>MEDULLARY DEPRESSION WITH PARALYSIS</u>		<u>2 DAYS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CALCIFIED CEREBRAL HEMATOMA</u>	<u>2 YRS.</u>
	DUE TO (c) <u>ARTERIOSCLEROSIS</u>	<u>4 YRS.</u>
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"/> No <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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 OCT., 2, 1961 to OCT., 3, 1961 and last saw her him alive on OCT., 3, 1961
Death occurred at 1:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>James C. Logan</u> (Degree title)	22b. ADDRESS <u>WARSAW, MO.</u>	22c. DATE SIGNED <u>10-3-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>OCT 5, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Co, Mo</u>
24. FUNERAL DIRECTOR <u>John F. Rex</u>	ADDRESS <u>Warsaw</u>	25. DATE RECD. BY LOCAL REG. <u>OCT. 5-1961</u>	26. REGISTRAR'S SIGNATURE <u>James C. Logan</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

REQUIREMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 17 1967

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.