

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047652

STATE FILE NUMBER

AMENDED

Registration District No. 295 Primary Registration District No. 6284 Registrar's No. 28

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MANES - Monty</u>		c. CITY OR TOWN <u>MANES MO.</u>	
Length of stay in 1b <u>5 1/2 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MAIN ST.</u>		d. STREET ADDRESS (If outside, give location) <u>RFD.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>HARVEY</u> Middle <u>BENET</u> Last <u>FOSTER</u>			4. DATE OF DEATH Month <u>DEC.</u> Day <u>6</u> Year <u>1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-16-1905</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</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>SAME</u>	11. BIRTHPLACE (City and state or country) <u>CLAREMORE OKLA U.S.A</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>ELISA FOSTER</u>		13b. MOTHER'S MAIDEN NAME <u>MYRTLE ROBARD</u>		14. NAME OF HUSBAND OR WIFE <u>JEAN JEWELL FLOYD</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. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>JEAN JEWELL FOSTER MANES MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (a) Coronary Arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

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 _____ 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 10-28-60 to 12-6-61 and last saw ^{her} him alive on 12-6-61

Death occurred at 6 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. E. Craig D.O. (Degree or title) 22b. ADDRESS Mountain Grove MO. 22c. DATE SIGNED 12-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 12-9-61 23c. NAME OF CEMETERY OR CREMATORY MANES 23d. LOCATION (City, town, or county) (State) MANES MO.

24. FUNERAL DIRECTOR BARBER ADDRESS MTN. GROVE 25. DATE RECD. BY LOCAL REG. December 14, 1961 26. REGISTRAR'S SIGNATURE Barnie Jones

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *R. W. Barber*

Licensed Embalmer No. 354

P. O. Address *Mt. Airy*

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.