MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-023034
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2864

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED JUN 21 1962

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 47 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: COLONIAL NURSING HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 620 E. 66th Terrace — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First EFFIE — Middle JANE — Last FOSTER

4. DATE OF DEATH: Month MAY — Day 27 — Year 1962

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/25/71
9. AGE (last birthday): 90 — 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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): SARCOXIE, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: John Geiger
13b. MOTHER'S MAIDEN NAME: unk
14. NAME OF HUSBAND OR WIFE: John S. Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Ruth Frisby, Address: 620 E. 66th Terr.

MEDICAL CERTIFICATION

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)	Coronary Thrombosis	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	years
DUE TO (c)	Generalized Arteriosclerosis	yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension.

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 6-7-53, to May 27 and last saw her/him alive on 5-15-62
Death occurred at 1:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. B. Ballard (Degree or title) MD
22b. ADDRESS: 7320 Wornall Rd
22c. DATE SIGNED: 5/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 29, 1962
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 5-29-62
26. REGISTRAR'S SIGNATURE: Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	3868		
4	1		
5	2		
7	0		
8	0		
9	4200		
12	76-0		

BY AFFIDAVIT OF J. B. Ballard

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

Dr. Volney Bryce Ballard
4320 Hornell Road
11.00 - 5:00

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 [signature]
Signature of Student Embalmer

Licensed Embalmer No. 4096

P. O. Address K. C. 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.