

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3032-62-023035
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3032

FILED JUN 25 1962

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 60 years	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCarty Nursing Home 3621 Warwick Blvd.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4915 Walrond	
3. NAME OF DECEASED (Type or print) First GEORGE Middle ROWE Last FOSTER			4. DATE OF DEATH Month June Day 6 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/3/1888	9. AGE (last birthday) 73	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) Retired Clerk		10b. KIND OF BUSINESS OR INDUSTRY Lumber Company	11. BIRTHPLACE (City and state or country) Cowley Co., Kansas	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Maurice D. Foster		13b. MOTHER'S MAIDEN NAME Ella Rowe		14. NAME OF HUSBAND OR WIFE Juanita Foster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Juanita Foster, 4915 Walrond, K.C. Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) Hypertension and arteriosclerosis					10 yrs
DUE TO (c) Vascular Disease					
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 <u>1952</u> to <u>6-6-62</u> and last saw ^{her} him alive on <u>5-28-62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) L. Steffes			22b. ADDRESS 1103 Grand Ave K.C. Mo		22c. DATE SIGNED 6-6-62
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE		23c. NAME OF EMERALDERY OR CREMATORY	
Cremation		June 9, 1962		D.W. Newcomer's Sons	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo		25. DATE RECD. BY LOCAL REG. 6-8-62		26. REGISTRAR'S SIGNATURE Russ H Long	
(Licensed Embalmer's Statement on Reverse Side)					

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300 Rev. 4/59
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9 **331X**
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12 **86-0**
13
USE BLACK INK OR TYPEWRITER RIBBON

Dr. L. F. Steffen
Professional Bldg.
VI 2 8180
2:30 - 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 _____
Signature of Student Embalmer

Signed Norman W. Corso

Licensed Embalmer No. 4889

P. O. Address Father, Me.

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.