

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026302

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 323

FILED JUL 30 1962

VS 300
Rev. 4/59

10168
8120

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Neelyville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (if outside, give location) Rt. 1	
3. NAME OF DECEASED (Type or print) First Middle Last HUBERT JEARL FOSTER		4. DATE OF DEATH Month Day Year July 23, 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 9-4-1920
9. AGE (last birthday) 41		IF UNDER 1 YEAR Months 10 Days 18	IF UNDER 24 HR Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Operator		10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and state or country) Success, Arkansas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William A. Foster	
13b. MOTHER'S MAIDEN NAME Flossie Byes		14. NAME OF HUSBAND OR WIFE Jean Foster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) No		16. SOCIAL SECURITY NO. -----	
17. INFORMANT Mrs. Jean Foster		Address Rt. 1 Neelyville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Chest Injuries			INTERVAL BETWEEN ONSET AND DEATH ?
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) Rib carriage broken up.			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 checked="" 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.) Evidently fell asleep & ran off Road & truck over -	
20c. TIME OF INJURY 11:40 p.m. - 7-22-62 turned.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ill. # 146		
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE E. of Cape Alexander, Illinois		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. J. Ford Coroner		22b. ADDRESS Cape Girardeau Mo.	22c. DATE SIGNED 7-26-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-25-62	23c. NAME OF CEMETERY OR CREMATORY Hitt Cemetery	23d. LOCATION (City, town, or county) (State) Success, Arkansas
24. FUNERAL DIRECTOR ADDRESS Russell-Ermert Corning, Ark.		25. DATE RECD. BY LOCAL REG. 7-26-62	26. REGISTRAR'S SIGNATURE Jim Kasten

AUG 17 1962

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 W. J. Fred.

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, 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.