

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-030705

STATE FILE NUMBER

Registration District No. 732 Primary Registration District No. 3021 Registrar's No. 157

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

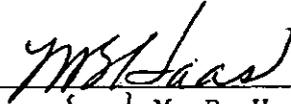
USE BLACK INK OR TYPEWRITER RIBBON

<p>FILED SEP 4 1962</p> <p>1. PLACE OF DEATH a. COUNTY <u>Grundy</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u> c. FULL NAME OF (IF NOT in hospital or institution) <u>Whitfield</u> <u>1513 Chestnut St</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> c. CITY OR TOWN <u>Gilman City</u> d. STREET ADDRESS (If outside, give location) <u>none</u></p>	
<p>3. NAME OF DECEASED (Type or print) First <u>Anderson</u> Middle <u>Robert</u> Last <u>Foster</u></p>		<p>4. DATE OF DEATH Month <u>8</u> Day <u>24</u> Year <u>62</u></p>	
<p>5. SEX <u>male</u></p>	<p>6. COLOR OR RACE <u>white</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>12-29-71</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Harrison County, Mo.</u></p>	
<p>13a. FATHER'S NAME <u>Andrew Foster</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Lucinuth Foster</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p>17. INFORMANT <u>Hazel Wiley, Bethany, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral arterio sclerosis</u> DUE TO (b) _____ DUE TO (c) _____</p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U. S.</u></p> <p>14. NAME OF HUSBAND OR WIFE <u>Etta</u></p> <p>16. SOCIAL SECURITY NO. <u>do not know</u></p> <p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p> <p>20c. TIME OF INJURY _____ Hour _____ a.m. _____ p.m. Month, Day, Year _____</p> <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p> <p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p> <p>21. I attended the deceased from <u>July 18 62</u> to <u>8/24/62</u> and last saw ^{him} alive on <u>Aug 23, 62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p> <p>22a. SIGNATURE <u>E J Hoover MD</u> (Degree or title) 22b. ADDRESS <u>1513 Chestnut St</u> 22c. DATE SIGNED <u>8/25/62</u> (State)</p> <p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>8-26-1962</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Christian Union</u> 23d. LOCATION (City, town, or county) <u>Gilman City, Mo.</u></p> <p>24. FUNERAL DIRECTOR <u>M B Haas</u> ADDRESS <u>M. B. Haas Bethany, Mo.</u> 25. DATE RECD. BY LOCAL REG. <u>8/25/62</u> 26. REGISTRAR'S SIGNATURE <u>Dorene Fair</u></p>	

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  _____
M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.