

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039780

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registered on Nov 8 1962 Primary Registration District No. \_\_\_\_\_ Registrar's No. 125

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0860

2 0860

3 2

4 1

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12 1-2

13 1-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>PuT NAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PuT NAM</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>		Length of stay in 1b <u>52 da</u>	c. CITY OR TOWN <u>RURAL-ELM-TWP</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MONROE HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>LIVONIA MO</u>
3. NAME OF DECEASED (Type or print) First <u>NELLIE</u> Middle <u>JANE</u> Last <u>FOSTER</u>		4. DATE OF DEATH Month <u>OCT.</u> Day <u>28</u> Year <u>62</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-14-81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PuT NAM Co MO</u>	11. BIRTHPLACE (City and state or county) <u>USA</u>
13a. FATHER'S NAME <u>ERVIN MULLENIX</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA Mc DANIEL</u>	14. NAME OF HUSBAND OR WIFE <u>ADOLPHUS M. FOSTER</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>[redacted]</u>	17. INFORMANT <u>Rollie Foster - Unionville Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage, 6 weeks</u> DUE TO (b) <u>arteriosclerosis &amp; hypertension</u> DUE TO (c) <u>Jarvisons' syndrome</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Jarvisons' syndrome</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
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 _____ 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>June 6 - 60</u> to <u>Oct 28 - 62</u> and last saw her <u>live on Oct 28 - 62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chas L. Judd Do</u> (Degree or title)		22b. ADDRESS <u>Unionville Mo</u>	22c. DATE SIGNED <u>Nov 29/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>Nov 30 - 62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HARTFORD CEM.</u>	23d. LOCATION (City, town, or county) <u>PuT NAM Co MO</u>
24. FUNERAL DIRECTOR <u>FD Husted for Unionville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-30-62</u>	26. REGISTRAR'S SIGNATURE <u>Marwell Durbin</u>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Muel E. Husted

Licensed Embalmer No. 3304

P. O. Address Monroville, 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.