

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002852

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 18

FILED JAN 29 1963

VS 300
Rev. 4/59

1 0817
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rolla		Length of stay in 1b 32 yrs.	c. CITY OR TOWN Rolla Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 908 Elm st., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ARTHUR Middle FREEMAN Last FOSTER		4. DATE OF DEATH Month January Day 26 , Year 1963	
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 1/6/1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY US Civil Service	9. AGE (last birthday) 59 IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME George Foster		11b. BIRTHPLACE (City and state of country) Hartford, Conn.	12. CITIZEN OF WHAT COUNTRY USA
13a. MOTHER'S MAIDEN NAME May Kelton		14. NAME OF HUSBAND OR WIFE Lea Foster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 7 years USMC		17. INFORMANT Address Lea Foster 908 Elm st., Rolla, 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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 10 min
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)			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 11:55 AM to Jan 26, 1963 and last saw him alive on Jan 26, 1963 Death occurred at 11:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Andreasen M.D.		22b. ADDRESS Rolla Mo	22c. DATE SIGNED 1/29/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE JAN. 31, 1963	23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	23d. LOCATION (City, town, or county) Rolla, Mo. (State)
24. FUNERAL DIRECTOR Carl J. Glenn West 10th. st., Rolla, Mo.		25. DATE RECD. BY LOCAL REG. Jan 28, 1963	26. REGISTRAR'S SIGNATURE Nadene L. Stoll

USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 8 1963

FEB 25 1963

MAR 20 1963

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 _____

Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Relay, 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.