

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028054

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 5517 Registrar's No. 210

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 12 1963

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tebo Township		Length of stay in 1b 4 yrs.	c. CITY OR TOWN Calhoun Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. SW. of Windsor		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D. #2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charles Frederick Foster			4. DATE OF DEATH Month Day Year August 5, 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 4-27-1938
9. AGE (last birthday) 30		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Concordia, Mo.	
11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Leo N. Foster		13b. MOTHER'S MAIDEN NAME Hanora Borgstadt	
14. NAME OF HUSBAND OR WIFE Royena Gay Hix Foster		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 495-34-8245		17. INFORMANT Mrs. Royena Foster Calhoun, 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) Circulatory Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Electrocution DUE TO (c) Welding machine 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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Poor ground on Electric Welder		20c. TIME OF INJURY Hour 7:30 p.m. Month, Day, Year 8 5 '63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION Windsor		COUNTY Henry STATE Mo.	
21. I attended the deceased from Jan 1961 to Aug 5, 1963 and last saw him alive on April 17, 1963 Death occurred at about 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) William Smith MD		22b. ADDRESS Windsor, Mo.	
22c. DATE SIGNED 8/6/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8-8-1963		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
23d. LOCATION (City, town, or county) Warrensburg, Mo.		24. FUNERAL DIRECTOR Clifford Gouge Windsor, Mo.	
25. DATE RECD. BY LOCAL REG. Aug 6-1963		26. REGISTRAR'S SIGNATURE Mildred Bigum	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Clifford Louge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.

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Permit Obtained 8-6-63 (17.5)