

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8395**

FILED MAR 22 1954

Registrar's No. **330**

BIRTH NO. _____		REG. DIST. NO. 131		PRIMARY REG. DIST. NO. 5506		REGISTRAR'S NO. 330	
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, write RURAL and give township) Clinton RR#4		c. LENGTH OF STAY (In this place) USA		c. CITY (If outside corporate limits, write RURAL and give township) Clinton Mo 0420		d. STREET ADDRESS (If rural, give location) RR#4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		3. NAME OF DECEASED a. (First) ALBERT		b. (Middle) LEE		c. (Last) FOSTER	
4. DATE OF DEATH (Month) (Day) (Year) Mar 16 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 11/7/1889		9. AGE (In years last birthday) 65		10. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Henry Co Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME ANNA FOSTER		14. NAME OF HUSBAND OR WIFE LOLA JANE 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. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. A. L. Foster ADDRESS Clinton Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease DUE TO (c) Hypertensive Cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH Death at once 1 year about 2 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 15, 1952 , to March 16, 1954 ; that I last saw the deceased alive on Feb 10, 1953 and that death occurred at 9 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) S. B. Hughes, M.D.				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 3/16/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/18/54		24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cem		24d. LOCATION (City, town, or county) (State) Near Union Mo	
DATE REC'D BY LOCAL REG. Mar-18-54		REGISTRAR'S SIGNATURE Florance Adair		25. FUNERAL DIRECTOR'S SIGNATURE J. P. Conner ADDRESS Clinton Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed Eugene R. Conzelmann

Licensed Embalmer No. 4680

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.