

23021

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 360

| | | | | | |
|---|--|---|---|---|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois | | b. COUNTY Alexander | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau | | c. LENGTH OF STAY (In this place) 1 week | | c. CITY OR TOWN Thebes Ill | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital | | e. STREET ADDRESS (If rural, give location) None | | 81208 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Maude | | | b. (Middle) Foster | | |
| c. (Last) Foster | | | 4. DATE OF DEATH (Month) (Day) (Year) July 25 1956 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Mar 24 1889 | | 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months 4 Days 11 | |
| IF UNDER 24 HRS. Hours Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | |
| 11. BIRTHPLACE (City and State or Foreign Country) Thebes Ill | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | | | |
| 13a. FATHER'S NAME William Lovell | | 13b. MOTHER'S MAIDEN NAME Emmaline Rains | | 14. NAME OF HUSBAND OR WIFE Pinkney Foster | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME Pinkney Foster | |
| ADDRESS Thebes Ill | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive atherosclerotic heart disease with congestive failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. D. diabetes mellitus | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4200 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 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) m. | | 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 <u>7/18</u> ¹⁹⁵⁶ to <u>7/25/56</u> , that I last saw the deceased alive on <u>7/25</u> , ¹⁹⁵⁶ , and that death occurred at <u>7:00</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) L. H. Klein MD | | 23b. ADDRESS Cape Girardeau, Mo | | 23c. DATE SIGNED 7-25-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-29-1956 | | 24c. NAME OF CEMETERY OR CREMATORY Rose Hill | |
| 24d. LOCATION (City, town, or county) (State) Thebes Ill | | 25. FUNERAL DIRECTOR'S SIGNATURE W. H. Esten | | ADDRESS Cape Gir Mo. | |
| DATE REC'D BY LOCAL REG. 7-30-56 | | REGISTRAR'S SIGNATURE C. C. Summers | | Brinkopf Howell Funeral Home | |

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *W. H. Ester*

Licensed Embalmer No. *356*

P. O. Address..... *Cup...*

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.