

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039697
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 137 Primary Registration District No. 5507 Registrar's No. 928

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 La Due, Davis Township		c. CITY OR TOWN La Due,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home		d. STREET ADDRESS (If outside, give location) 0420	
Length of stay in lb 35.yrs.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Lenora J. Foster			4. DATE OF DEATH Month Day Year Nov. 2, 1958		
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5. SEX Female ♀	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24, 1884	9. AGE (In years less birthday) 74	10. FUNDER 1 YEAR Months 8 Days 8	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) I ll.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Peter Myers	13b. MOTHER'S MAIDEN NAME Johanna Jacob	14. NAME OF HUSBAND OR WIFE Deceased
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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. 722-14-8830	17. INFORMANT Family Bible	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Found dead by neighbor - unattended</i> <i>by medical attendant for past 2 mos -</i> <i>History of hypertension</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 5 yrs -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 444 X		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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT 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
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21. I attended the deceased from Death occurred at <i>Death by natural cause - probable time of death 11-2-58 @ 9:00 to 10:00 am</i>		Who last saw her alive on _____ him _____ Date & place and to the best of my knowledge from the causes stated.	
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22a. SIGNATURE <i>W. Bradshaw, M.D.</i>	(Degree or title) <i>Med Coronar</i>	22b. ADDRESS <i>Clinton, Mo.</i>	22c. DATE SIGNED <i>11-2-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>11-5-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>LADUE CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>La Due, Mo.</i>
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24. FUNERAL DIRECTOR <i>H. H. Bussant, Clinton, Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>11-12-58</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ~~A. R. Kenney~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *A. R. Kenney*.....

Licensed Embalmer No. *3095*.....

P. O. Address *Kenner*.....

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.