

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**66 0010563**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 78

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10425

20425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH <b>FILED MAR 21 1966</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Henry</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>Henry</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		c. CITY OR TOWN <b>Clinton</b>	
Length of stay in 1b <b>years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>414 E. Elm Street</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MYRA NATHALEE FOSTER</b>			4. DATE OF DEATH Month Day Year <b>March 16, 1966</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/5/02 63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
11. BIRTHPLACE (City and state or country) <b>Johnson Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William Watson</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Henson</b>	14. NAME OF HUSBAND OR WIFE <b>A.F. Foster</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>A.F. Foster, Clinton, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute cerebral vascular thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>
DUE TO (b) <b>Cerebral arterial sclerosis</b>			<b>5 yrs</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) <b>Severe Parkinson's disease</b>			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 s.m. p.m.	Month, Day, Year		
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1959</u> to <u>death</u> and last saw her <sup>him</sup> alive on <u>3-16-66</u> Death occurred at <u>6:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>C.R. Wetzel, M.D.</b>		(Degree or title)	22b. ADDRESS <b>Clinton, Mo.</b>
			22c. DATE SIGNED <b>3-17-66</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar 19, 1966</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Clinton Memory Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>
24. FUNERAL DIRECTOR <b>Consalus</b>		ADDRESS <b>Clinton, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>3-19-1966</b>
		26. REGISTRAR'S SIGNATURE <b>Mildred Biguno</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 31 1966

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 Engine R. Conoalus

Licensed Embalmer No. 4680

P. O. Address Clinton, Md

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.

Permit Obtained 3-19-66 (M.B.)