

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0007528

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 61

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 4 1968

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLINTON Length of stay in 1b 1 Hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DR. William BRADSHAW's office South Side Square Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Deepwater Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Deepwater Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
James Oscar Foster February 24, 1968
5. SEX MALE 6. COLOR OR RACE CAUC 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 6-10-1886 9. AGE (last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION WORKER 10b. KIND OF BUSINESS OR INDUSTRY FRISCO RAILROAD 11. BIRTHPLACE (City and state or country) HARTWELL, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME SAMUEL E. FOSTER 13b. MOTHER'S MAIDEN NAME MARY ANN MALONE 14. NAME OF HUSBAND OR WIFE AMBRA V. FOSTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-07-3791 17. INFORMANT Address AMBRA V. FOSTER Deepwater, 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) Myocardial Infarction
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH 1 hour
5 years

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 Sept 1956 to 2-24-68 and last saw her alive on 2-24-68
Death occurred at 11:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm Bradshaw, M.D. 22b. ADDRESS Clinton, Mo. 22c. DATE SIGNED 2-26-68
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/27/1968 23c. NAME OF CEMETERY OR CREMATORY CLINTON MEMORY GARDEN 23d. LOCATION (City, town, or county) (State) CLINTON, MISSOURI
24. FUNERAL DIRECTOR ADDRESS R.E. Nichols Chapels Deepwater, MO. 25. DATE RECD. BY LOCAL REG. 2-26-68 26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

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 BE Nichols

Licensed Embalmer No. 4997

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 2-27-68

(MS)