

FILED MAY 20 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER.

68 0020097

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 120DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
1. AUDIE FRANK FOSTER						2. Male	3. May 12, 1968				
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTH (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH			
4. White			5a. 83	5b. MOS.	5c. DAYS	6. Sept 21, 1885		7a. Henry			
CITY, TOWN, OR LOCATION OF DEATH					HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
7b. Clinton					7c. Yes 414 East Elm						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
1. Missouri			1. USA		10. Widowed		11. Myra Nathalee Watson (Dec'd)				
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY					
12. 496-24-5123			13.			13b.					
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION			INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
14a. Missouri		14b. Henry	14c. Clinton			14d. Yes		14e. 414 E. Elm			
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			FIRST	MIDDLE	LAST
15. Edward Foster						16. Mollie Williams					
INFORMANT—NAME					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
17a. Mrs Dorris Salmons					17b. 509 S. 8th St. Clinton, Mo. 64735						
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
18. IMMEDIATE CAUSE											
(a) Acute myocardial infarction								10m.			
DUE TO, OR AS A CONSEQUENCE OF:											
(b) Arterial Sclerotic Heart Disease								unk			
DUE TO, OR AS A CONSEQUENCE OF:											
(c) *											
DUE TO, OR AS A CONSEQUENCE OF:											
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST											
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
19b.							19b.	19b.			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)						
20a.		20b.		20c.	20d.						
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)			LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.		20f.			20g.						
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	AND/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. DECEASED FROM		Cerebral	1968	death	21b.		21c. 5-12-68		21d. 8:00a.		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		HOUR		
22a.					M. 22b.		22c. May 12 1968		22d. 8:00 a.m.		
CERTIFIER—NAME (TYPE OR PRINT)					SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. Carroll R. Wetzel					23b. <i>Carroll R. Wetzel</i>		23c. 5/14/68				
MAILING ADDRESS—CERTIFIER					STREET OR R.F.D. NO.		CITY OR TOWN		STATE		
23a.					23b. 105 E. Ohio		23c. Clinton		23d. Mo. 64735		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION						
74a. Burial		74b. Memory Gardens			74c. Clinton, Missouri						
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
24d. May 15, 1968		25a. Consalus, 209 S. 2d St., Clinton, Mo. 64735									
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR					
25b. <i>Engene R. Consalus</i>			25c. <i>Mildred Bigum</i>			26a. May 15, 1968					

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BU

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0

10a. 83

10b.

11. 0

12. 2

13. 4109

14.

15. 9

16.

17.

18. 0

19. CREDITS

20. 1-0

4. 04255. 906. 0425

