No. 300
10-48

FILED MAR 6 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5802

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5 Mi. South McGirk, Mo
c. LENGTH OF STAY (In this place): 10 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California, Rural
d. STREET ADDRESS (If rural, give location): 5 Miles South McGirk

3. NAME OF DECEASED (Type or Print): a. (First) Oscar b. (Middle) Lee c. (Last) Foster

4. DATE OF DEATH: (Month) 3/ (Day) 1/ (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/24/1878

9. AGE (In years last birthday): 73 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and State or Foreign Country): Moniteau County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lashly Foster

13b. MOTHER'S MAIDEN NAME: Jane Allee

14. NAME OF HUSBAND OR WIFE: Elizabeth Foster

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.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Elizabeth Foster, California

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardio-vascular Disease with hypertension — 3 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 443X

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feby 29, 1952, *to* March 1, 1952, *that I last saw the deceased alive on* Feby 29, 1952, *and that death occurred at* 1:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edgar A. Kibby M.D.

23b. ADDRESS: California Mo.

23c. DATE SIGNED: 3/2/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/2/52

24c. NAME OF CEMETERY OR CREMATORY: Clarksburg Masonic

24d. LOCATION (City, town, or county) (State): Clarksburg, Mo.

DATE REC'D BY LOCAL REG. 3/2/52

REGISTRAR'S SIGNATURE: [illegible]

FUNERAL DIRECTOR'S SIGNATURE: [illegible]

ADDRESS: [illegible] Mo

(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 .....
Student Embalmer

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, Mo.

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 this body is not embalmed, fact should be so stated above.