

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027923

STATE FILE NUMBER

FILED AUG 12 1958

Registration District No. 336

Primary Registration District No. 4493

Registrar's No. 462

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Birch Tree Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Birch Tree 1010 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) Route 2
3. NAME OF DECEASED (Type or print) First Lester Middle Last Foulk			4. DATE OF DEATH Month July Day 31, Year 1958
5. SEX "Male"	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1888
9. AGE (In years) 70 (Last birthday)		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during best of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) Glasford, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Reazin Foulk	
13b. MOTHER'S MAIDEN NAME Sarah Grissom		14. NAME OF HUSBAND OR WIFE Alta Frampton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. yes	17. INFORMANT Alta Foulk Birch Tree, Missouri Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Transition & Debilitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Primary Carcinoma of Breast DUE TO (c) with Metastases to Prostate & Lungs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X			INTERVAL BETWEEN ONSET AND DEATH 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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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
21. I attended the deceased from Death occurred at 6:30 a.m. 1954 - to 1958 and last saw her alive on July 29 - 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Walter Hampton D. 2		22b. ADDRESS Summersville Mo 8-8-58	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL removal 8/1/58		23b. DATE 8/1/58	23c. NAME OF CEMETERY OR CREMATORY Amcaster Cemetery
23d. LOCATION (City, town, or county) Glasford, Illinois		23e. STATE (State)	
24. FUNERAL DIRECTOR Duncan Funeral Home Mt. View Mo.		25. DATE RECD. BY LOCAL REG. 8-11-1958	26. REGISTRAR'S SIGNATURE Mabel Galt

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

KS FEB 1 1961

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 *Richard A. Norton*

Licensed Embalmer No. *5029*

P. O. Address. *Mt. View, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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