

FILED VS OCT 3 1 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-037735

Registration District No. 58

Primary Registration District No. 5215

STATE FILE NUMBER

Registrar's No. 20

3. 300
1-57

1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CARTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kelley Twp		c. CITY OR TOWN Eastwood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 90 Residence		d. STREET ADDRESS (If outside, give location) 0180 Rt. Van Buren	

3. NAME OF DECEASED (Type or print) First ANNA Middle MARIA Last FOERSTER			4. DATE OF DEATH Month Oct Day 24 Year 1960			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 11, 1887	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) FRANKFURT GERMANY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Sebastian Boeing	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE CONRAD FOERSTER - Dec'd
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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.	17. INFORMANT Eddie Foerster	Address Van Buren Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 10 min
DUE TO (b) Cardia Failure		
DUE TO (c) 7824		3 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 2 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.) Died enroute to Hospital 1/2 mile from Residence
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	

20d. INJURY OCCURRED WHILE AT <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.) Kelley Twp. Carter	20f. CITY, TOWN, OR LOCATION Carter	COUNTY Mo.	STATE
21. I attended the deceased from _____ to _____ and last saw ^{he} _{him} alive on _____ Death occurred at 11:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE 3 Coleman McSpadden Coroner	(Degree or title)	22b. ADDRESS Van Buren Mo.	22c. DATE SIGNED 10-25-60
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial	23b. DATE 10-28-60	23c. NAME OF CEMETERY OR CREMATORY Big Basin Cemetery	23d. LOCATION (City, town, or county) (State) Repley County Mo.
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24. FUNERAL DIRECTOR McSpadden Funeral Home	ADDRESS Van Buren	25. DATE RECD. BY LOCAL REG. Oct 27 - 60	26. REGISTRAR'S SIGNATURE Mrs Octa Henson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Donald B. Sloan, Student Embalmer No. 606..... working under my personal supervision.

Student Donald Sloan
Signature of Student Embalmer

Signed Allen C. McGee

Licensed Embalmer No. 4543.....

P. O. Address Van Buren /

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.