

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No

719

Reg. Dist. No. 5701

Primary Reg. Dist. No. 5701

CERTIFICATE OF DEATH

Registrar No.

1. PLACE OF DEATH
a. COUNTY: MONTGOMERY
b. CITY, VILLAGE, OR LOCATION: DAYTON
c. LENGTH OF STAY IN 1b: 22

2. USUAL RESIDENCE (Where deceased lived immediately before admission)
a. STATE: OHIO
b. COUNTY: MONTGOMERY
c. CITY, VILLAGE, OR LOCATION: DAYTON
d. STREET ADDRESS: 212 1/2 Maple St.
e. IS RESIDENCE INSIDE CITY LIMITS? YES NO

3. NAME OF HOSPITAL OR INSTITUTION: MOUNTAIN VALLEY HOSP.
4. IS PLACE OF DEATH INSIDE CITY LIMITS? YES NO

3. NAME OF DECEASED (TYPE OR PRINT): Hercules C Foster
First: Hercules Middle: C Last: Foster
4. DATE OF DEATH: Month: MAR Day: 1959 Year: 1959

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED: NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH: 1-9-1907
9. AGE (In years last birthday): 52
10. USUAL OCCUPATION: Pilot Air Force Base
11. BIRTHPLACE (State or foreign): MONTGOMERY, Ala
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard C Foster
14. MOTHER'S MAIDEN NAME: Mary Bell Shackelford
15. WAS DECEASED EVER IN U. S. ARMED FORCES? YES NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE: Chelms Foster

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral vascular accident
(b) Thrombosis of internal carotid A.
(c)
DUE TO (b)
DUE TO (c)
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? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II)
20c. TIME OF INJURY: Hour: Minute: Day: Year:
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, VILLAGE, OR LOCATION: COUNTY: STATE:
21. I signed this certificate on: 1954 March 20, 1954 and to the best of my knowledge and belief the facts stated in it are true and correct.
22a. SIGNATURE: Roger Taylor M.D.
22b. ADDRESS: 3401 W. Third St.
22c. DATE SIGNED: MAR 21 1954

23a. BURIAL CEMENTION: DATE: MAR 15 1954
23b. NAME OF CEMETERY OR CREMATORY: MONTGOMERY, Ala
23c. LOCATION: MONTGOMERY, Ala

24. NAME OF EMBALMER: C. J. McHinn, Jr.
25. FUNERAL HOME AND ADDRESS: McHinn's Funeral Home, 1130 Germantown, DAYTON, OHIO
26. DATE REC'D BY: LOCAL REG.
27. REGISTRAR'S SIGNATURE: Roy E. Jordan
28. SUB REGISTRAR'S SIGNATURE:

THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

DE 28 06 003261

Roy E. Jordan
ROY E. JORDAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WATERLOO, OHIO