

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7159

State File No.

BIRTH NO.		REG. DIST. NO. <u>3.52</u>		PRIMARY REG. DIST. NO. <u>6181</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)			
a. COUNTY Taney Co		<i>Jasper Twp</i>		a. STATE Soudar Mo		b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give town or township) Protom Mo		c. LENGTH OF STAY (In this place) 1 yr		c. CITY (If outside corporate limits, write RURAL and give township) Gainesville Mo		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) GORDON			b. (Middle) FORREST			c. (Last) FORREST	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 2 1861		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gordon Forrest		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Addie Lawrence			
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 Harvey Forrest			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		DUE TO (b) <u>Bronchial Pneumonia</u>				2 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)				5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 49 IX				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-12</u> , 19 <u>49</u> , to <u>2-15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-12</u> , 19 <u>49</u> and that death occurred at <u>12:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>M. Hoerman</i>		23b. ADDRESS <i>507 N. Gainesville, Mo</i>		23c. DATE SIGNED <i>2-15-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 16 1949		24c. NAME OF CEMETERY OR CREMATORY Protom Cemetery		24d. LOCATION (City, town, or county) (State) Protom Mo	
DATE REC'D BY LOCAL REG. Feb 15 1949		REGISTRAR'S SIGNATURE <i>J. E. Coqueret</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Clinkingbeard Funeral Home</i>			
				ADDRESS Gainesville Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

RECEIVED

District Health Officer No. 6;

District File Number 249-233

Date Filed 3-4-49

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

Clair R. Roof

Licensed Embalmer No. 3044

P. O. Address Gainesville mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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