

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18404

State File No. _____

FILED JUN 2 1949

BIRTH NO. _____ REG. DIST. NO. 3160 PRIMARY REG. DIST. NO. 6225 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wash. Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>13</u>	
c. LENGTH OF STAY (in this place) <u>47-676</u>		d. STREET ADDRESS (If rural, give location) <u>13</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN G</u>	b. (Middle) <u>FOREST</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>5-22-49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1-1-1875</u>	9. AGE (In years last birthday) <u>74</u> Months <u>5</u> Days <u>02</u>	10. CITIZENSHIP <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Gilbert Forrest</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Redden</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</u>	ADDRESS
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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>Coronary Thrombosis</u>		<u>1 hour</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>✓</u>		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>		<u>4:20</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-24, 1948, to 5-22, 1949 that I last saw the deceased alive on 5-21, 1949 and that death occurred at 9:50 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. Hall, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Newada Mo</u>	23c. DATE SIGNED <u>5-22-49</u>
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24a. BURIAL, CREMATION, OR DISPOSITION (Specify)	24b. DATE <u>May 25-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital Cemetery, Kansas</u>	24d. LOCATION (City, town, or county) (State) <u>Meriame</u>
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DATE REC'D BY LOCAL REG. <u>May 25, 1949</u>	REGISTRAR'S SIGNATURE <u>Walter H. Yancura</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry ...</u>	ADDRESS <u>Kansas</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7
District File Number 4-49-60
Date Filed 5-31-41

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

John G. Lewis

Student Embalmer No. 331

working under my personal supervision.

Signed *John G. Lewis*
Student Embalmer

Signed

[Signature]

Licensed Embalmer No. 1760

P. O. Address

Harada Mrs

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.