S. No. 300
v. 10.48

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19346

BIRTH NO. _____ REG. DIST. NO. 40 PRIMARY REG. DIST. NO. 3002 Registrar's No. 90

1043
1

1. PLACE OF DEATH
a. COUNTY: AUDRAIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEXICO
c. LENGTH OF STAY (in this place): 3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1021 EAST ANDERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONTGOMERY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MINEOLA 6700
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): ALLIE
b. (Middle): LONANA
c. (Last): FORREST

4. DATE OF DEATH (Month) (Day) (Year): JUNE 25 - 51

5. SEX: 3 FEMALE

6. COLOR OR RACE: NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1

8. DATE OF BIRTH: MAY 27 1889

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: _____

11. BIRTHPLACE (State or foreign country): MONTGOMERY Co MO

12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: EMMETT HARE

13b. MOTHER'S MAIDEN NAME: LAURA BROWN

14. NAME OF HUSBAND OR WIFE: HUGH FORREST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): _____

16. SOCIAL SECURITY NO.: _____

17. INFORMANT'S SIGNATURE OR NAME: HUGH FORREST
ADDRESS: MEXICO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pul Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: _____

19b. MAJOR FINDINGS OF OPERATION: 002X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* 1-5-, 19 51, *to* 6-25-, 19 51, *that I last saw the deceased alive on* 6-25-, 19 51, *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. J. Eaton, M.D. (Degree or title)

23b. ADDRESS: Mexico, Mo

23c. DATE SIGNED: 6/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 6-27-51

24c. NAME OF CEMETERY OR CREMATORY: WHITSTONE Cem.

24d. LOCATION (City, town, or county) (State): CALLAWAY Co MO

DATE REC'D BY LOCAL REG.: June 26 1951

REGISTRAR'S SIGNATURE: Blanche Neely

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Chas Arnold Jr Mexico Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUL 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-1217
Date Filed: JUL 3 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Richard Y. McDonald

Signed.....
Student Embalmer

Licensed Embalmer No. 4825

P. O. Address Mexico, 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 this body is not embalmed, fact should be so stated above.