

FILED AUG 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22216

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>336</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>				c. LENGTH OF STAY (In this place) <u>7 mos.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hospital</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u> <u>1110</u>			
d. STREET ADDRESS (If rural, give location) <u>1</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie Emma</u> b. (Middle) <u>Florence</u> c. (Last) <u>Forrister</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/26/51</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11/5/1893</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (State or foreign country) <u>Wayne Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Thomas Howell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Long</u>		
14. NAME OF HUSBAND OR WIFE <u>Harvey Forrister</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		
17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Forrister</u>			ADDRESS <u>Greenville, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES <u>Primary Carcinoma of Recto-sigmoid junction</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>154X</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION <u>1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Recto sigmoid junction & metastasis to adjacent parts.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>12/18/1951</u> to <u>7/26/1951</u> , that I last saw the deceased alive on <u>7/26/1951</u> , and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. McPheters, Jr.</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>7/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/29/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Center Ridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Near Kime, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-30-51</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		GENERAL DIRECTOR'S SIGNATURE <u>GISH</u>		ADDRESS <u>GISH FUNERAL HOME GREENVILLE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

AUG 8 1951

BUTLER CO. HEALTH CENTER

FILE No. 851-350

AUG 8 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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Harmin E. Coulter

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.