

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15524

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 517

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora	
c. LENGTH OF STAY (in this place) 12 hr.		d. STREET ADDRESS (If rural, give location) 135 W. Locust St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosp		055/	
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Ellen c. (Last) Forrester		4. DATE OF DEATH (Month) (Day) (Year) May 29, 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 6, 1875
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Aurora, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James D. Springer	
13b. MOTHER'S MAIDEN NAME Nancy E. Morris		14. NAME OF HUSBAND OR WIFE Dave Forrester	
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 Byron Forrester ADDRESS Springfield, Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Atherosclerotic Coronary Occlusion			
		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 **28 May, 1954**, to **only**, 19____, that I last saw the deceased alive on **28 May, 1954**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William J. Peterson M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 2 June 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 1, 1954		24c. NAME OF CEMETERY OR CREMATORY Maple Park ceme.	
		24d. LOCATION (City, town, or county) (State) Aurora, Missouri			

DATE REC'D BY LOCAL REG. 6-3-54		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE William Wood ADDRESS Aurora, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

William W. Wood

Licensed Embalmer No. *4539*

P. O. Address *Quincy, 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.