No. 300
10.48

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8209

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 975

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS COUNTY: Linn
c. CITY OR TOWN: Blue Mound
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): X 815 8

3. NAME OF DECEASED (Type or Print): a. (First) CORDIA b. (Middle) E c. (Last) Forrester

4. DATE OF DEATH (Month) (Day) (Year): March 4 1955

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married **8. DATE OF BIRTH**: July 27 1878 **9. AGE** (In years last birthday): 76 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): Housewife **10b. KIND OF BUSINESS OR INDUSTRY**: Home **11. BIRTHPLACE** (City and State or Foreign Country): Linn County Kansas **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: Andrew J Campbell **13b. MOTHER'S MAIDEN NAME**: Mary Keller **14. NAME OF HUSBAND OR WIFE**: William W. Forrester Sr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X **16. SOCIAL SECURITY NO.**: None **17. INFORMANT'S SIGNATURE OR NAME**: William W. Forrester Sr **ADDRESS**: 2532 Jackson

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 19 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Insufficiency — 15 yrs
DUE TO (c) Coronary Arteriosclerosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchopneumonia, terminal — 3 Days

19a. DATE OF OPERATION: None **19b. MAJOR FINDINGS OF OPERATION**: 4201 **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): None **21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**: None.

22. *I hereby certify that I attended the deceased from* 2/13, 1955, *to* 3-4-, 1955, *that I last saw the deceased alive on* 3-3-, 1955 *and that death occurred at* 8:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold A. Budke (Degree or title) M.D. — Harold A. Budke M.D. **23b. ADDRESS**: 1019 Argyle Bldg. **23c. DATE SIGNED**: 3-4-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal **24b. DATE**: March 6 1955 **24c. NAME OF CEMETERY OR CREMATORY**: Pleasant View Cemetery **24d. LOCATION** (City, town, or county) (State): Blue Mound Kansas

DATE REC'D BY LOCAL REG.: 3-4-55 **REGISTRAR'S SIGNATURE**: Neva Minshall **25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**: Hilka Funeral Home 2315 Linwood

(Licensed Embalmer's Statement on Reverse Side)

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

Ill. Harold Burke
Argyle Bldg
Ba 4060
11-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas E Wells

Licensed Embalmer No. 26

P. O. Address K C Mo

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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