

STANDARD CERTIFICATE OF DEATH

FILED MAR 21 1955

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **16**

551

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

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give town) AURORA		c. LENGTH OF STAY (in this place) 60 years	c. CITY OR TOWN AURORA
d. FULL NAME OF HOSPITAL OR INSTITUTION 34 E. OLIVE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) EDWARD b. (Middle) FINIS c. (Last) FORRESTER		4. DATE OF DEATH MARCH 13 1955 (Month) (Day) (Year)	

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH AUG. 8, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) BRADFIELD, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME RICHARD FORRESTER	13b. MOTHER'S MAIDEN NAME ANNE MORRIS	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME WILBERT N. FORRESTER ADDRESS AURORA, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 6 to 8 hrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis		8 hrs.
	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	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Donald E. Gray, D.O. (Degree or title) Lawrence Health Officer	23b. ADDRESS Mt. Union, Mo.	23c. DATE SIGNED 3/14/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-17-55	24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK
DATE REC'D BY LOCAL REG. 3-16-55	REGISTRAR'S SIGNATURE Orsa Mc. Natt	24d. LOCATION (City, town, or county) (State) Aurora, Mo.
	25. FUNERAL DIRECTOR'S SIGNATURE Irvin R. Kniff	ADDRESS Aurora, Mo.

FORM 2118

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.....
Signature of Student Embalmer

Signed *Erwin R. Arnold*.....

Licensed Embalmer No. *492*

P. O. Address *AURORA, ILL.*

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

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