

8699

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED APR 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. CITY OR TOWN <u>Stover</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>25 days</u>		STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eddie</u>	b. (Middle)	c. (Last) <u>DeForrest</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-23-1900</u>	9. AGE (In years last birthday) <u>55</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pool hall manager</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Minnesota</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Louis DeForrest</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Norton</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine DeForrest</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>168-10-3883</u>	17. INFORMANT'S SIGNATURE OR NAME <u>San. records, Mo. State San., Mt. Vernon, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-operative hemorrhage,</u>		
	ANTECEDENT CAUSES <u>left</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>pneumonectomy for bronchogenic carcinoma, <del>for</del> left lung</u> DUE TO (c)		approx. 1 mo.
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-26-, 1955, to 3-22-, 1955, that I last saw the deceased alive on 3-22-1955, and that death occurred at 12:10 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Hellweg M.D.</u>	23b. ADDRESS <u>Mt. Vernon, Mo.</u>	23c. DATE SIGNED <u>3-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Stover Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-1-55</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendrick</u>	411-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fossett</u>	ADDRESS <u>Mt. Vernon, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1955

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 *Max L. Fournier*.....

Licensed Embalmer No. *42*

P. O. Address *M. Verna*

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.