

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1844

State File No.

BIRTH NO. REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> (inclusion).				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Marionville</u> <u>Buckprairi</u> Township)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Marionville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Western St.</u>				e. STREET ADDRESS (If rural, give location) <u>0550</u>				
3. NAME OF DECEASED (Type or Print) <u>Maggie Jeanette Forrester</u>			a. (First) <u>Maggie</u> b. (Middle) <u>Jeanette</u> c. (Last) <u>Forrester</u>			4. DATE (Month) (Day) (Year) OF DEATH <u>Jan. 12, 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>March 20, 1887</u>		
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u>		IF UNDER 24 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 IN- DUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar Creek Taney Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Noah Leonard</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Coulter</u>			14. NAME OF HUSBAND OR WIFE <u>Virgil A. Forrester</u>		
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>496-09-9740</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Byron Forrester, Forsythe, Mo.</u>			ADDRESS
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 dis- ease, injury, or complica- tion which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>exposure 491x</u>		19a. DATE OF OPERA- TION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY		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>1-9 - 1956</u> to <u>1-12 - 1956</u> , that I last saw the deceased alive on <u>1-12 - 1956</u> and that death occurred at <u>8:20 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>V. H. Robinson, D.O.</u>				23b. ADDRESS <u>Marionville, Mo.</u>		23c. DATE SIGNED <u>1-13-56</u>		
24a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-15-56</u>		REGISTRAR'S SIGNATURE <u>Orin Mc Natt 157-2</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Surridge</u> ADDRESS <u>Marionville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Signature of Student Embalmer

Signed James P. Crofton
Licensed Embalmer No. 466
P. O. Address Surora,

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.