No. 300
10.48

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27465

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 153

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

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dove Mo-ELDRIDGE
c. LENGTH OF STAY (in this place): 9 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Longs Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osage Beach Mo
d. STREET ADDRESS (If rural, give location): Lake Road 20A

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

4. DATE OF DEATH (Month) (Day) (Year): Sept 1 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 2-1877
9. AGE (In years last birthday): 79 — If under 1 year: Months 3, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Bond Broker
11. BIRTHPLACE (City and State or Foreign Country): Harvel Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Forrester
13b. MOTHER'S MAIDEN NAME: M. Overleese
14. NAME OF HUSBAND OR WIFE: Ida Plumridge Forrester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Long-Nursing Home Dove, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 3-4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — years
DUE TO (c): Gangrene Rt Leg & foot — 2 mos.

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: 4501
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1956, *to* Aug 27, 1956, *that I last saw the deceased alive on* Aug 27, 1956, *and that death occurred at* 3:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R. Weeks M.D.
23b. ADDRESS: 158 N Adams, Lebanon Mo
23c. DATE SIGNED: 9-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 2-1956
24c. NAME OF CEMETERY OR CREMATORY: Conway Cemetery
24d. LOCATION (City, town, or county) (State): Camden Co. Mo

DATE REC'D BY LOCAL REG.: 9-2-1956
REGISTRAR'S SIGNATURE: Della L. Day
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Bankson-Woolery Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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Received 9-10-56

Laclede County Health Unit

File No. 153

Date Filed 9-10-56

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.