No. 300
10.48

FILED JAN. 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44492

State File No.

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty Twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Davis Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN: New Madrid
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 3 miles W. of New Madrid

3. NAME OF DECEASED (Type or Print)
a. (First): Henretta
b. (Middle):
c. (Last): Forrest

4. DATE OF DEATH (Month) (Day) (Year): 12-12-56

5. SEX: Female 3

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct.14 1921

9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 1, Days 28 — 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:

11. BIRTHPLACE (City and State or Foreign Country): Perry Co., Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lorenzo McCauly

13b. MOTHER'S MAIDEN NAME: Louise Porter

14. NAME OF HUSBAND OR WIFE: Wade Forrest-R 1-New M

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 339*30-8606

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Wade Forrest- R.1 New Madrid, 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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary embolism

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) uterine inertia

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 ☐ 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* 12-12- *, 19*56*, to* 12-12-56*, 19*56*, that I last saw the deceased alive on* 12-12- *, 19*56*, and that death occurred at* 7:30P*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. S. Davis M.D.

23b. ADDRESS: Dexter, Missouri

23c. DATE SIGNED: 12-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-16-56

24c. NAME OF CEMETERY OR CREMATORY: Sand Hill

24d. LOCATION (City, town, or county) (State): New Madrid, Mo.

DATE REC'D BY LOCAL REG.: 12-26-56

REGISTRAR'S SIGNATURE: Velma V. Jenkins

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ponder Funeral Home-Lilbourn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Harold L. Pondu, Student Embalmer No. 53,

working under my personal supervision..

Student Harold L. Pondu
Signature of Student Embalmer

Signed Homer L. Pondu

Licensed Embalmer No. 336

P. O. Address Tilbourn

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.