

Health,
& Welfare
S. Public
h Service

S. 300
v. 1-56

1. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All
2. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

3. Cause of death by 1953-1954 MORS 1947.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43664

STATE FILE NUMBER

FILED DEC 17 1957

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 287

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital				Length of stay in lb 2 Days		d. STREET ADDRESS (If outside, give location) 709 Nichols St	
3. NAME OF DECEASED (Type or print) Mary Frances Forrestal			First Mary	Middle Frances	Last Forrestal	4. DATE OF DEATH Month Dec. Day 9 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb, 3, 1862		9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Fulton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Louis Henry Judt				14. MOTHER'S MAIDEN NAME Mary Elizabeth Herring			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Floyd Coppock, Tarkio, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201							INTERVAL BETWEEN ONSET AND DEATH 1.5 hours
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1950 to 12-9-57 and last saw her alive on 12-9-57 . Death occurred at 1:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John S. Brown M.D.				22b. ADDRESS Fulton Mo.		22c. DATE SIGNED 12-11-57	
23a. BURIAL, CREMATION, etc. (Specify) Burial		23b. DATE Dec. 11, 1957	23c. NAME OF CEMETERY OR CREMATORY Hillcrest		23d. LOCATION (City, town, or county) Fulton		(State) Mo
24. FUNERAL DIRECTOR ADDRESS Wallace Funeral Home, Fulton Mo.			25. DATE RECD. BY LOCAL REG. Dec-11-1957		26. REGISTRAR'S SIGNATURE Maretta Lawrence		

(Licensed Embolmer's Statement on Reverse Side)

NOV 18 1958

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 *Robert R. Mason*.....

Licensed Embalmer No. *499*

P. O. Address *Fulton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.