

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017191
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BROOKFIELD		8582 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAUGALIN HOSP			Length of stay in 1b 1 DAY	d. STREET ADDRESS (If outside, give location) 518 MACON ST			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LEE Middle FORREST Last FORREST				4. DATE OF DEATH Month MAY Day 16 Year 1958			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH NOV. 11, 1875		9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. ENGINEER, RET			10b. KIND OF BUSINESS OR INDUSTRY - RAILROAD		11. BIRTHPLACE (City and state or country) BARTON Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JAMES FORREST				14. MOTHER'S MAIDEN NAME ELIZABETH ROOKER			
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. -		17. INFORMANT Address MRS. GERTRUDE FORREST, BROOKFIELD			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBABLE CORONARY OCCLUSION							INTERVAL BETWEEN ONSET AND DEATH 10-15 AM
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SEVERE BLOOD LOSS - ANEMIA							UNKNOW
DUE TO (c) PAPILLARY TUMOR (PROBABLY CA) URINARY BLADDER							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1810							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year 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 5-16-58 to 5-16-58 and last saw her alive on 5-16-58 Death occurred at 8:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Paul H. ... D.O.?				22b. ADDRESS Brookfield, Mo		22c. DATE SIGNED 5-17-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-19-1958	23c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY		23d. LOCATION (City, town, or county) (State) BROOKFIELD, Mo.		
24. FUNERAL DIRECTOR ADDRESS WRIGHT FUNERAL Home, BROOKFIELD, Mo.				25. DATE RECD. BY LOCAL REG. 5-20-1958		26. REGISTRAR'S SIGNATURE Noel W. Rath	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 16 1958

MAY 29 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 *Harold B. Wright*

Licensed Embalmer No. *371*

P. O. Address *Brookfield*

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.