

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045214

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 283

FILED JAN 5 1959

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Moberly</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Clark</b> 0880 C
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Memorial</b>		Length of stay in lb <b>10 Days</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>IDA</b> Middle <b>R.</b> Last <b>FORREST</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>25</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 20 1869</b>		9. AGE (In years last birthday) <b>89</b>
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Vandalia, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Robert D. Rice</b>			14. MOTHER'S MAIDEN NAME <b>Maggie V. Young</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mr Robert Forrest Clark, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>hypostatic pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>congestive heart disease</b>	<b>1 year</b>	
		DUE TO (c) <b>arteriosclerosis</b>	<b>not known</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>4500</b>				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 <b>10:45</b> a. m. <b>pm</b> Month, Day, Year					

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 <b>Clark</b>	COUNTY	STATE
21. I attended the deceased from <b>12-12-58</b> to <b>12-25-58</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>12-25-58</b> Death occurred at <b>10:45 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Deputy or title) <i>[Signature]</i>		22b. ADDRESS <b>109 N 5th, Moberly</b>	22c. DATE SIGNED <b>12-27-58</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 28, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>NE of Clark Mo.</b>
24. FUNERAL DIRECTOR <b>Marion E. Million Moberly, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-26-58</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

Health, Welfare, Public Service  
300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use any 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

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 *Richard L. Boyd* .....,  
Licensed Embalmer No. ....

P. O. Address *Meriden* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.