

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047033

STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 366 Primary Registration District No. 4536 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <i>Washington</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Petasi</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Petasi</i> 11 00 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in job <i>all life</i>	d. STREET ADDRESS (If outside, give location) <i>None</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Laurence Vivian Forrester</i>			4. DATE OF DEATH Month Day Year <i>Dec. 6 1958</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 7 1898</i>	9. AGE (In years last birthday) <i>60</i>	IF UNDER 1 YEAR Months Days <i>5 29</i>	IF UNDER 24 HRS. Hours Min. <i>0 0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>humble work</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Petasi Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Lizzie Greenwood</i>	14. NAME OF HUSBAND OR WIFE <i>Nellie Forrester</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or partially known) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Wes Forrester Frank Claymo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia Rabar Following</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Influenza Following</i>	
	DUE TO (c) <i>stones and infection kidney</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a), (b), or (c). <i>60 2x</i>		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.)
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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
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21. I attended the deceased from <i>1936</i> to <i>Dec 6/58</i> and last saw him alive on <i>Dec 3 1958</i> Death occurred at <i>1-15 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>A. F. Crewe</i>	22b. ADDRESS <i>Petasi Mo</i>	22c. DATE SIGNED <i>12/8/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-8-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>	23d. LOCATION (City, town, or county) <i>Petasi Mo.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Mrs. Luther Spahn Petasi Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>12/16/58</i>	26. REGISTRAR'S SIGNATURE <i>Helmut Rudae</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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DEC 16

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Murphy Spinks* _____

Licensed Embalmer No. *4236* _____

P. O. Address *Flat 1111* _____

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.