

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002362

FILED VS FEB 9 1960

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 165

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Lawrence County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Route 2 Mt. Vernon		Length of stay in 1b 5 days		c. CITY OR TOWN Route 1 Marionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bliss Haven Rest Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Amanda Middle Forrester Last Forrester				4. DATE OF DEATH Month February Day 4 Year 1960				
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 1-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 0 Days 4	IF UNDER 24 HR 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 country) Christian Co., Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Granville Pearce			13b. MOTHER'S MAIDEN NAME Margaret Rogers			14. NAME OF HUSBAND OR WIFE Ike Forrester		
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. no		17. INFORMANT Address Ike Forrester, Marionville, 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) Circulatory Failure DUE TO (b) C. V. A. DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Diabetes							INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 3 days Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 s.m. p.m. 		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		COUNTY		STATE
21. I attended the deceased from Feb 1 1960 9:00 p to Feb 4 1960 and last saw her/him alive on Feb 4 1960 Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE David G. George (Degree or title)				22b. ADDRESS 1111 N. Main Mo		22c. DATE SIGNED 7/5/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Delaware Cem		23d. LOCATION (City, town, or county) (State) Nixa, Missouri			
24. FUNERAL DIRECTOR A. B. Sundge ADDRESS Marionville, Mo.				25. DATE RECD. BY LOCAL REG. 2-5-1960		26. REGISTRAR'S SIGNATURE H. H. Forrester		

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William A. Fuller

Licensed Embalmer No. 4658

P. O. Address Marion, Va.

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.