MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 526 -61-007120 STATE FILE NUMBER

FILED VS MAR 2 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bellefontaine Neighbors — Length of stay in 1b 7 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis State School & Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN St. Louis - Bellefontaine Neighbors — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 10695 Bellefontaine Road — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: JIMMY DOUGLAS FORESTER
4. DATE OF DEATH Month Day Year: February 16 1961
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 20, 1951
9. AGE (last birthday) 9 yrs 6 m. 27 days — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Ripley County Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME CARL FORESTER
13b. MOTHER'S MAIDEN NAME DOLORES WILLIAMS
14. NAME OF HUSBAND OR WIFE %
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. %
17. INFORMANT Records of St. Louis State School — Address 10695 Bellefontaine Road

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Staphylococcus Septicemia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
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) Mental Retardation
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ XXXXX
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Natural causes
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Febr. 9, 1961, to Febr. 16, 1961 and last saw ~~her~~ him alive on February 16, 1961
Death occurred at 7.30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward Paul Wolff M.D.
22b. ADDRESS 10695 Bellefontaine Road
22c. DATE SIGNED 2/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/19/61
23c. NAME OF CEMETERY OR CREMATORY Manchester Cemetery
23d. LOCATION (City, town, or county) (State) Manchester, Illinois

24. FUNERAL DIRECTOR ADDRESS Mackey Funeral Home, Roodhouse, Ill
25. DATE RECD. BY LOCAL REG. 2-22-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 Gene A Hutchins

Licensed Embalmer No. 4966

P. O. Address FLORISSANT, 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.