

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043266
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 200

FILED NOV 19 1962	
1. PLACE OF DEATH	
a. COUNTY Laclede	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon	a. STATE Missouri b. COUNTY Laclede
Length of stay in 1b 5 yrs.	c. CITY OR TOWN Lebanon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital	d. STREET ADDRESS (If outside, give location) 444 Linn St. S Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Edmond Middle M. Last Forister	4. DATE OF DEATH
Edmond M. Forister	
5. SEX Male	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 6-14-01
9. AGE (last birthday) 61	
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) Buyer of Metal	10b. KIND OF BUSINESS OR INDUSTRY Metal Buyer
11. BIRTHPLACE (City and state or country) Potosi, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Munuel Forister	13b. MOTHER'S MAIDEN NAME Dona Hayes
14. NAME OF HUSBAND OR WIFE Pauline Forister	
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. [REDACTED]
17. INFORMANT Pauline Forister-Lebanon, Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Acute Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH 1/2 Hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis	
DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recurrent Coronary occlusion (3x)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE None <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 a.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.) 2/13/62 to 11/15/62	
20f. CITY, TOWN, OR LOCATION Potosi, Missouri COUNTY STATE	
21. I attended the deceased from 2/13/62 to 11/15/62 and last saw him alive on 11/6/62	
Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) George E. Fisher M.D.	22b. ADDRESS Lebanon, Mo
22c. DATE SIGNED 11/16/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-18-62
23c. NAME OF CEMETERY OR CREMATORY Potosi Cemetery	
23d. LOCATION (City, town, or county) (State) Potosi, Missouri	
24. FUNERAL DIRECTOR Douglas Griswold, Lebanon Mo	25. DATE RECD. BY LOCAL REG. 11-17-1962
26. REGISTRAR'S SIGNATURE Hella L. Wray	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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DEC 13 1962

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

James Douglas McCreed

Licensed Embalmer No. 5099

P. O. Address Lebanon, 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.

Permit Secured 11-17-1962 W.D.R.M.