

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8812**

FILED APR 11 1949

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	c. LENGTH OF STAY (In this place) <u>11</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> <u>73</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>421 W. BROOK ST.</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FORREST M.</u> <u>FOREST</u>	b. (Middle) <u>CHURCH</u> <u>MONTIETH</u>	c. (Last) <u>CHURCH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 26, 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 8, 1907</u>	9. AGE (In years) (last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u>24</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CARNATION MILK CO.</u>	11. BIRTHPLACE (State or foreign country) <u>WISCONSIN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HOBART Church.</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN Montieth</u>	14. NAME OF HUSBAND OR WIFE <u>LUCILLE Church.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR #2</u>	16. SOCIAL SECURITY NO. <u>473-05-7907</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Church</u>	ADDRESS <u>Neosho Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture. Rt. Frontal</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Internal Injuries</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Compound Fracture Right ankle</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Seneca Newton Missouri</u>
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21d. TIME (Month) (Day) (Year) (Hour) <u>3-25-49</u> <u>4 P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Collision</u> <u>73</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____ on _____, 19____, and that death occurred at 12:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Orley Thompson</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Neosho Missouri</u>	23c. DATE SIGNED <u>3/26/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>3-27-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WETMORE</u>	24d. LOCATION (City, town, or county) (State) <u>WETMORE KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>3-28-49</u>	REGISTRAR'S SIGNATURE <u>Edw. J. Gardner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u>	ADDRESS <u>Neosho Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48
49
2
5

APR 11 1949
11:59
17
APR 11 1949

APR 17 1949

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

Rollie Kessel

Student Embalmer No. *228*

working under my personal supervision.

Signed *Rollie Kessel*

Student Embalmer

Signed *Corley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Newton } ss.

State File No. 8812-
Local Registrar's No. 49

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2 day of April, 1949, before me appears.....

Lucile Church, who, upon her oath, states that the original record of ~~####~~ death

for Forrest M. Church ~~####~~ ^{died} March 26, 1949, in the State of Missouri, and which was filed at Joplin ~~####~~ on March 28, 1949, should be corrected as follows:

Item No. 3 should read Forrest M. Church

Instead of Forest M. Church

Item No. 8 should read July 2, 1907

Instead of July 4, 1907

Item No. 9 should read 41 Years, 8 Months, 24 Days

Instead of 41 Years 8 Months 22 Days

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lucile Church Wife
Relationship.

421 West Brook St. Neosho Missouri
Present Address.

Subscribed and sworn to before me this 2 day of April, 1949.

My Commission expires March 15, 1952

Walter T. Thompson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

