

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31434**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **211**

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

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Randolph		
b. CITY OR TOWN Moberly		c. LENGTH OF STAY (in this place) 3 years	c. CITY OR TOWN Moberly		d. STREET ADDRESS (If rural, give location) 320 East Carpenter
d. FULL NAME OF HOSPITAL OR INSTITUTION 320 East Carpenter			d. STREET ADDRESS (If rural, give location) 320 East Carpenter		

3. NAME OF DECEASED (Type or Print) LINDA — FORREST			4. DATE OF DEATH September-17-1949		
a. (First)	b. (Middle)	c. (Last)	Date	Month	Year

5. SEX Female	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single	8. DATE OF BIRTH August-24-1869	9. AGE (in years last birthday) 80	if under 1 year	if under 12 mos.	if under 1 hrs.
				Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	--	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
-----------------------------------	--	-----------------------------

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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Goslin Moberly	ADDRESS MO.
--	-------------------------------------	---	--------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 da.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b)		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Moberly (COUNTY) Randolph (STATE) MO
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Sept 1, 1949**, to **Sept 17, 1949**, that I last saw the deceased alive on **Sept 17, 1949**, and that death occurred at **8:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. Smith (Degree or title) MO	23b. ADDRESS Moberly MO	23c. DATE SIGNED 9-20-49
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 19-1949	24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	24d. LOCATION (City, town, or county) (State) 4 1/2 mi. East of Moberly MO.
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. 5419-49	REGISTRAR'S SIGNATURE Earl Williams	FUNERAL DIRECTOR'S SIGNATURE Howe Funeral Home	ADDRESS Moberly MO
---	--	---	---------------------------

SEP 27 1949

RECEIVED

District Health Officer No.

District File Number 9-49-16

Date Filed SEP 27 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed R M Carter

Licensed Embalmer No. 16117

P. O. Address Trabery, Md.

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.