

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36888

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>996</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield</u>)		c. LENGTH OF STAY (in this place) <u>14 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3</u> TOWN <u>Springfield</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>820 S National</u>				d. STREET ADDRESS (If rural, give location) <u>820 S National</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Amanda</u>		b. (Middle) <u>Hewett</u>		c. (Last) <u>Forrester</u>		
		4. DATE OF DEATH		(Month) (Day) (Year)		<u>November 12, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 20, 1850</u>		
		9. AGE (in years last birthday) <u>99</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abraham Hewett</u>			13b. MOTHER'S MAIDEN NAME <u>Isabella Wooddy</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs F F Thompson, Springfield, Mo.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, chronic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> Age <u>99 1/2</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11282</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>210</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Nov 14, 1948</u> , to <u>Nov 12, 1949</u> ; that I last saw the deceased alive on <u>Nov 11, 1949</u> , and that death occurred at <u>12:05 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm H. Sibley M.D.</u> (Deceased or title)				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>11/14/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 14, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-15-49</u>		REGISTRAR'S SIGNATURE <u>W. J. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmajer</u>		ADDRESS <u>Springfield, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed..... *Lee Mason*

Signed.....
Student Embalmer

Licensed Embalmer No. *4568*

P. O. Address *Springfield, 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.