

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

351

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 59	
1. PLACE OF DEATH a. COUNTY Butler b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff d. STREET ADDRESS (If rural, give location) 1007 Maude St.			
3. NAME OF DECEASED (Type or Print)		a. (First) HENRY		b. (Middle) N.		c. (Last) FORISTER	
4. DATE OF DEATH		(Month) Jan.		(Day) 23,		(Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 28, 1870	
9. AGE (in years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor		11. BIRTHPLACE (State or foreign country) Potosi, Mo.		12. CITIZEN OF WHAT COUNTRY? D	
13a. FATHER'S NAME Slathiel Forister		13b. MOTHER'S MAIDEN NAME Mary Bohannan		14. NAME OF HUSBAND OR WIFE Mrs. Effie Forister			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Effie Forister....		ADDRESS Poplar Bluff, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 4/201	
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) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 1-19, 1950 , to 1-23, 1950 that I last saw the deceased alive on 1-23, 1950 and that death occurred at 5:10 P.M. from the causes and on the date stated above.							
23a. SIGNATURE Wm. H. Johnson (Degree or title) M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 2-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/26/50		24c. NAME OF CEMETERY OR CREMATORY Catholic Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. Feb 4, 1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE FRANK-COTRELL....		ADDRESS Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 6 - 1953

150-75

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

FEB 12 1953

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 George A. Kerber

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff

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.