FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15222

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place): 14 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ozark Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bismarck 0940
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): Mae Mackey
c. (Last): Torrester

4. DATE OF DEATH (Month) (Day) (Year): April 13 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 16-1875
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 5 Days 27 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Washington Co. O
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Elbert Province
13b. MOTHER'S MAIDEN NAME: Emma Greggory
14. NAME OF HUSBAND OR WIFE: Deceased

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: Irian Mackey — ADDRESS: St. Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown
DUE TO (c): unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma, c̄ River Sand & Metastases — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Jan., 1946, *to* 13 April, 1950, *that I last saw the deceased alive on* 13 April, 1950, *and that death occurred at* 2:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. A. Barnett, M.D.
23b. ADDRESS: 243 W. Jefferson, Kirkwood
23c. DATE SIGNED: 4-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-15-1950
24c. NAME OF CEMETERY OR CREMATORY: Masonic
24d. LOCATION (City, town, or county) (State): Bismarck Mo

DATE REC'D BY LOCAL REG.: 4-24-50
REGISTRAR'S SIGNATURE: Herbert R. Donky
25. FUNERAL DIRECTOR'S SIGNATURE: John Shipman — ADDRESS: Bismarck, Mo.

(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.

Student .....
Student Embalmer

Signed Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.—(Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Mo
County of St. Louis } SS.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 15222

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 21st day of april, 1950, before me appears Minnie Forrester, who, upon oath, states that the original record of ~~birth~~ death for Minnie Forrester ~~born~~ died april 11, 1950, in the State of Missouri, and which was filed at Jeffersoncity about on april 19, 1950, should be corrected as follows:

Item No. 24b should read april 15, 1950

Instead of April 11, 1950

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

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

(SEAL)

Affiant John Shipman ~~Funeral Director~~
Relationship.

Bismarck, Mo.
Present Address.

Subscribed and sworn to before me this 21th day of april, 1950

My Commission Expires Dec. 12, 1951

My Commission expires ..... John H Bennett Notary Public.

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

135
43
7817