

THE DIVISION OF HEALTH OF MISSOURI

FILED MAY 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. **12330**

No. 10
 055
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 4275		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Lawrence County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville		0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Center Street				d. STREET ADDRESS (If rural, give location) Center Street			
3. NAME OF DECEASED (Type or Print) Margaret		a. (First)		b. (Middle) Louisa		c. (Last) Forester	
4. DATE OF DEATH May 13, 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 4, 1871		9. AGE (In years last birthday) 78	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Humbolt, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME ? Copeland		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE Eli Forester		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 Leonard Forester, Aurora, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis 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 2 months years 322X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19 48 , to May 13, 1950 , that I last saw the deceased alive on May 13, 1950 , and that death occurred at 10:55pm. , from the causes and on the date stated above.							
23a. SIGNATURE A. S. Kuttis				23b. ADDRESS M.P. Aurora, Mo.		23c. DATE SIGNED 5-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Osa Cemetery		24d. LOCATION (City, town, or county) (State) Barry Co. Missouri.	
DATE REC'D BY LOCAL REG. May 15-50		REGISTRAR'S SIGNATURE Osa Mc Natt		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Durrige		ADDRESS Marionville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 23 1950

District Health Office No. 6

District File Number 550-605

Date Filed 5-24-50

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 Herman Surrige

Licensed Embalmer No. 3072

P. O. Address Marionville 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.