

STANDARD CERTIFICATE OF DEATH

State File No. **30813**

FILED OCT 13 1950

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2601</u>		Registrar's No. <u>431</u>		
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jeplin</b>		c. LENGTH OF STAY (in this place or township) <b>51 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jeplin</b>		<b>1495</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nursing Home 1809 Grand Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>1809 Grand Avenue</b>				
3. NAME OF DECEASED a. (First) <b>Ollie</b>			b. (Middle) <b>H.</b>		c. (Last) <b>FORSHEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>September 25, 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>February 7, 1882</b>		9. AGE (in years less birthday) <b>69</b>	10. MONTHS <b>6</b>	11. DAYS <b>25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		11. BIRTHPLACE (State or foreign country) <b>Moberley, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>David Dust</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Carter</b>		14. NAME OF HUSBAND OR WIFE <b>Owen (Deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Perry Newton</b>				ADDRESS <b>24th and Iron Gates Jeplin</b>
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) <b>Coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</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  <b>4501</b>	
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)		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>Apr. 15, 1950</u> , to <u>Sept 24, 1950</u> , that I last saw the deceased alive on <u>Sept. 24, 1950</u> , and that death occurred at <u>5:15 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>E. E. Coates M.D.</b>				23b. ADDRESS <b>Jeplin Mo</b>		23c. DATE SIGNED <b>9-28-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 28, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Jeplin, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>9-28-50</b>		REGISTRAR'S SIGNATURE <b>Ed. S. Jasper 138</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thornhill-Dillon Mort. Jeplin, Mo.</b>				

RECEIVED 10-9-50

Jasper County Health Office

County File Number 50-9-725

Date Filed 10-10-50

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 William E. Hildebrandt

Licensed Embalmer No. 4770

P. O. Address Joplin, Missouri

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.