

No. 300  
10.48

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5550

0780

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 4400 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <del>BRAGG</del> <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY <i>Pemiscot</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAGG CITY		c. LENGTH OF STAY (If in place) <i>1 YRS.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAGG CITY	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) HEZKIAH	b. (Middle) BEDFORD	c. (Last) FORREST	4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1951
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5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH Jan. 13, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done throughout working life, even if retired) <i>FARMER</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ARKANSAS	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME ENOCH FORREST	13b. MOTHER'S MAIDEN NAME D.K.	14. NAME OF HUSBAND OR WIFE ELLA FORREST
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELLA FORREST (WIFE) BRAGG CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Apoplexy</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 hours</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<i>hypertension &amp; arteriosclerosis</i>	
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)
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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?
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22. I hereby certify that I attended the deceased from *Jan 29, 1951*, to *Jan 29, 1951*, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *5 P.M.* m. from the causes and on the date stated above.

23a. SIGNATURE <i>J. C. Carr</i> (Degree or title) <i>ms.</i>	23b. ADDRESS <i>Carrsville</i>	23c. DATE SIGNED <i>2/2/51</i>
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24a. BURIAL, CREMATION, REINTERMENT (Specify) <i>BURIAL</i>	24b. DATE JAN. 31, 1951	24c. NAME OF CEMETERY OR CREMATORY KENNETT, CEMETERY	24d. LOCATION (City, town, or county) (State) KENNETT, MO.
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DATE REC'D BY LOCAL REG. <i>2-16-51</i>	REGISTRAR'S SIGNATURE <i>John W. Herman</i> <i>466</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>N. H. Ruby</i> ADDRESS <i>Rector, Ark.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

2-5-1-46

MAR 10 1951

S. B. Eeoner, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

FEB 24 1951

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 \_\_\_\_\_

*Don McQuade*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

736

P. O. Address \_\_\_\_\_

*Rector, Ark.*

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.

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