

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15306

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>347</u> | | PRIMARY REG. DIST. NO. <u>6166</u> | | Registrar's No. <u>19</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Stone</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Stone</u> | | | |
| b. CITY OR TOWN <u>Rural "Pierce"</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Rural "Pierce"</u> | | <u>1040</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>Charlattie</u> c. (Last) <u>Forster</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 20 - 1951</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Aug 10 - 1869</u> | |
| 9. AGE (in years last birthday) <u>81</u> | | IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u> | | IF UNDER 1 YEAR Hours <u>10</u> Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Stone Co Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>J. R. Daniels</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Butler</u> | | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Eva Wilks Stone Mo.</u> | | | |
| 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) <u>BRONCHITIS</u> ANTECEDENT CAUSES Morbid 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. <u>Pneumonia & age.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Years.</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>526X</u> | | | | | 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 <u>41</u> , to <u>March 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 14</u> , 19 <u>51</u> , and that death occurred at <u>11:30 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>A. P. Lopetti</u> | | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Stone, Mo.</u> | | 23c. DATE SIGNED <u>3-21-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial A</u> | | 24b. DATE <u>3/20/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Massena</u> | | 24d. LOCATION (City, town, or county) (State) <u>Stone, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Apr 10 - 51.</u> | | REGISTRAR'S SIGNATURE <u>Lena Murray Dep.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Meador</u> | | ADDRESS <u>Stone Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

040

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, APR 25 1951

Dist. File 327-906

Date Filed 4-25-51

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, ~~by~~ _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed George H. Mentore

Licensed Embalmer No. 3827

P. O. Address Clare 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.