

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16985

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hornet</u>	
c. LENGTH OF STAY (In this place) <u>84 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #1 Neosho, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>Delcena</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>FORREST</u>	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>25</u> , (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 10, 1867</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>0</u>			
13a. FATHER'S NAME <u>A.J. McDaniel</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Speero</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Forrest</u>
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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oscar Forrest Rt. #1 Neosho, Missouri</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>Coronary Vasc. Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Heart Regurg</u> <u>and Gen. Anoxia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>		_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4221</u>	
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>5-22</u> , 19 <u>51</u> , to <u>5-25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-25</u> , 19 <u>51</u> , and that death occurred at <u>10:30pm</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. L. Crawford MD</u>		(Degree or title) _____	
23b. ADDRESS <u>Joplin, Mo</u>		23c. DATE SIGNED <u>5/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 27, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hornet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hornet, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-26-51</u>		REGISTRAR'S SIGNATURE <u>James W. [Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mort.</u>		ADDRESS <u>Joplin, Mo.</u>	

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

049

0730

RECEIVED 5-28-51

Jasper County Health Office

County File Number 51/5/446

Date Filed 5-28-51

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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 3590

P. O. Address _____

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.