

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1952

State File No. 15463

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

BIRTH MO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3000		Registrar's No. 105	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1031-N-Olive St. (Home)				d. STREET ADDRESS (If rural, give location) 1031-N-Olive St.			
3. NAME OF DECEASED (Type or Print) Daisy F. Forrest		a. (First)		b. (Middle) M.		c. (Last) Forrest	
4. DATE OF DEATH May 2, 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 20, 1880		9. AGE (In years last birthday) 72		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) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Sioux City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John T. Stribling		13b. MOTHER'S MAIDEN NAME Nancy Moncrief		14. NAME OF HUSBAND OR WIFE William A. Forrest			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William A. Forrest, 1031-N-Olive St., Kirksville, 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) Arteriosclerotic Heart Disease with Coronary Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) Cardio-vascular-renal syndrome II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week 1 year. 20 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4200		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)			
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 April 19, 1951, to May 2, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Howard E. Gross, D.O.				23b. ADDRESS Kirksville, Missouri		23c. DATE SIGNED 5-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4, 1952		24c. NAME OF CEMETERY OR CREMATORY Forest-Llewellyn		24d. LOCATION (City, town, or county) (State) Kirksville, Missouri	
DATE REC'D BY LOCAL REG. 59-32		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert B. Davis Kirksville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1952

**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 Robert B. Davis

Signed.....  
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.