

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25436**

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Ray 0890		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray 0890	
b. CITY (If outside corporate limits, write RURAL and give township) Rayville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rayville 0	
c. LENGTH OF STAY (in this place) 18 years		d. STREET ADDRESS (If rural, give location) Street not listed	
d. FULL NAME OF HOSPITAL OR INSTITUTION Street not listed			

3. NAME OF DECEASED (Type or Print) Enos Jasper Forrester			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1864		9. AGE (In years last birthday) 88 Months 0 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Rousesville, North Carolina	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Samuel Forrester		13b. MOTHER'S MAIDEN NAME Susan (Unknown)		14. NAME OF HUSBAND OR WIFE Martha (Unknown) Forrester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Martha Forrester ADDRESS Rayville, Missouri	

18. CAUSE OF DEATH Enter 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, Pancreas right foot of lower leg		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 15 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diabetic Arteriosclerosis		
	. 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4501		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) Rayville Ray Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **July 1, 1952**, to **July 14, 1952**, that I last saw the deceased alive on **July 14, 1952**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Peter E. Quehner M.D.		23b. ADDRESS Lansons Mo.		23c. DATE SIGNED 7/15/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 16, 1952		24c. NAME OF CEMETERY OR CREMATORY Wb. H. Cemetery	
				24d. LOCATION (City, town, or county) (State) Lansons, Kansas	

DATE REC'D BY LOCAL REG. July 15 1952		REGISTRAR'S SIGNATURE Maluel Jackson 273		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Subst. Life FUNERAL Home Richmond, MISSOURI	
--	--	--	--	---	--

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

STATEMENT BY LICENSED EMBALMER

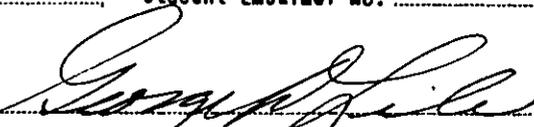
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

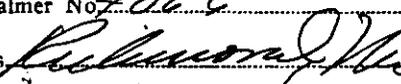
Student
Student Embalmer

Signed



Licensed Embalmer No. 4066

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.