

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38293**

**DEC 15 1952**  
BIRTH NO. **67837** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1096**

396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Route 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Springfield Missouri</b>	

3. NAME OF DECEASED (Type or Print) <b>DAVID</b>	a. (First)	b. (Middle)	c. (Last) <b>FORRESTER</b>	4. DATE OF DEATH <b>12-8-1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct. 15-1952</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 1 YEAR Days <b>23</b>	IF UNDER 1 YEAR Hours <b>0</b>	IF UNDER 1 YEAR Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (State or foreign country) <b>Springfield Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Alphis Forrester</b>	13b. MOTHER'S MAIDEN NAME <b>Cloma Player</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alphis Forrester Rtl Springfield</b>	ADDRESS <b>Springfield</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Azotemia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>congenital abnormality of the kidneys</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 <b>7571</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **DEC. 8, 1952**, to **DEC. 8, 1952**, that I last saw the deceased alive on **DEC. 8, 1952**, and that death occurred at **8:00pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Leah J. Harris, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Childrens Hosp.</b>	23c. DATE SIGNED <b>12-10-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-10-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-10-52</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson Registrar</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. KLINGNER &amp; CO.</b>	ADDRESS <b>SPRINGFIELD</b>
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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

*Max Rhodes*

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

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

*4071*  
*Springfield*

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.