No. 300
10.48

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9641

State File No.

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3027 Registrar's No. 21

461
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1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christa Hogan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains 0461
d. STREET ADDRESS (If rural, give location): 706 S. Johnson 0

3. NAME OF DECEASED (Type or Print)
a. (First): ELSIE
b. (Middle): VALURA
c. (Last): FORRESTER

4. DATE OF DEATH (Month) (Day) (Year): Mar. 30, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 12, 1901
9. AGE (In years last birthday): 51 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): saleslady, retired
10b. KIND OF BUSINESS OR INDUSTRY: J.C.Penny Co.
11. BIRTHPLACE (State or foreign country): Craighead Co., Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: W. T. Coleman
13b. MOTHER'S MAIDEN NAME: Nettie Patton
14. NAME OF HUSBAND OR WIFE: Fred M. Forrester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-24-3344
17. INFORMANT'S SIGNATURE OR NAME: Fred M. Forrester, W.Plains, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis and Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Valvular Heart Disease
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 4214
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Jan *19*52, *to* 30 Mar, *19*53, *that I last saw the deceased alive on* 30 Mar, *19*53, *and that death occurred at* 4:05 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M. D.
23b. ADDRESS West Plains, Mo
23c. DATE SIGNED 31-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: APR. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24d. LOCATION (City, town, or county) (State): West Plains, Missouri

DATE REC'D BY LOCAL REG.: 4-6-53
REGISTRAR'S SIGNATURE: Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE: Hal Shamberger ADDRESS: W.Plains, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1953

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 Hal Thomburgh

Licensed Embalmer No. 3408

P. O. Address W. Plain, 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.