

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29024

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 361

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>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>	
c. LENGTH OF STAY (In this place) <u>FEW MIN.</u>		d. STREET ADDRESS (If rural, give location) <u>2020 KENTUCKY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>		0495 0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u>	b. (Middle) <u>ROBERT</u>	c. (Last) <u>FORRESTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 3, 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 11, 1898</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WELDING ENGINEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>P. G. WALKER & SON</u>	11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>ROBERT FORRESTER</u>	13b. MOTHER'S MAIDEN NAME <u>LULA LAWSON</u>	14. NAME OF HUSBAND OR WIFE <u>JESSIE FORRESTER</u>
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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) <u>UNK</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>JESSIE FORRESTER, 2020 KY., JOPLIN</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Aug 2-53</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Patient had Angina pectoris previous attacks</u>		4-201	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) _____	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 Aug 2 1953, to Aug 3, 1953, that I last saw the deceased alive on Aug 3, 1953, and that death occurred at 9:58 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Doyle Myers MD</u> (Degree or title)	23b. ADDRESS <u>748 James Blvd</u>	23c. DATE SIGNED <u>Aug 4-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-4-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1954

RECEIVED AUG 7 1953

Jeppes County Health Office

County File Number 666

Date Filed AUG 17 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Johns River 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.