

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17530

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 50			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>					
b. CITY OR TOWN <u>Washington</u>		c. LENGTH OF STAY (In this place) <u>7 mo 7 M 1955</u>		c. CITY OR TOWN <u>Carthage</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp - No 3 - Nevada</u>				No. STREET ADDRESS (If rural, give location) <u>1428 Baker Bld 0491</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u>		b. (Middle) <u>OLEN</u>		c. (Last) <u>FORSTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1955</u>			
5. SEX <u>Mo</u>		6. COLOR OF HAIR <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>10-10-1900</u>			
9. AGE (In years last birthday) <u>54</u>		10. MONTHS <u>7</u>		11. DAYS <u>20</u>		9. AGE (In years last birthday) <u>54</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Wm Forste</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Wesley</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Heart records - Nevada Mo</u>					
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, ashenia, 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) <u>Nephritis</u>				II. OTHER SIGNIFICANT CONDITIONS				<u>8 yrs</u>	
ANTECEDENT CAUSES				DUE TO (b) <u>with Uremia</u>				<u>3 mo.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Nephritis -</u>				<u>8 yrs</u>	
Conditions contributing to the death but not related to the disease or condition causing death. <u>593X</u>									
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE, HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>None</u>		21f. HOW DID INJURY OCCUR? <u>None</u>					
22. I hereby certify that I attended the deceased from <u>Oct 26</u> , 19 <u>52</u> , to <u>May 30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 30</u> , 19 <u>55</u> , and that death occurred at <u>2 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Shirley Haggard MD</u> (Degree or title)				23b. ADDRESS <u>State Dept 3, Nevada</u>		23c. DATE SIGNED <u>5/30/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 2 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hackney</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>May 30 1955</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Turner</u>		ADDRESS <u>Home Carthage Mo.</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

**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.....  
Signature of Student Embalmer

Signed *William A. Fulks*.....

Licensed Embalmer No. *465*.....

P. O. Address *Castroville*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**