. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

securing the medical certification in the specific manner required by 193.140 RSMo 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13801
STATE FILE NUMBER

FILED APR 22 1957

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Lawrence Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marionville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 504 Center St. — Length of stay in 1b: 15 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Marionville 0550 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 504 Center St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Cas Middle: Wilson Last: Forester
4. DATE OF DEATH: Month April Day 15 Year 1957
5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Dec. 11 1872
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 4 Days 4 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Stone County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: William Forester
14. MOTHER'S MAIDEN NAME: Nancy Morris
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.: no
17. INFORMANT: Olie Forester, Marionville, Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gastric Ulcer — Years.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 5400
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-12-56, to 4-15-57 and last saw him alive on 4-15-57
Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Allen Dean Schmitt, D.O. 2
22b. ADDRESS: Marionville, Mo.
22c. DATE SIGNED: 4-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-17-1957
23c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
23d. LOCATION (City, town, or county) (State): Marionville, Mo.

24. FUNERAL DIRECTOR: J. B. Burridge ADDRESS: Marionville, Mo.
25. DATE RECD. BY LOCAL REG.: 4-18-57
26. REGISTRAR'S SIGNATURE: Ora Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 emba

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 Marionvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.