

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32889**

FILED SEP 30 1957

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **403**

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

1. PLACE OF DEATH a. COUNTY Pettis b. CITY OR TOWN Sedalia c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 417 East Broadway		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Pettis c. CITY OR TOWN Sedalia d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 417 East Broadway	
3. NAME OF DECEASED a. (First) HENRY b. (Middle) SHANNON c. (Last) Forrest		4. DATE OF DEATH (Month) (Day) (Year) Sept 26 1957	
5. SEX Male 6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widower	
8. DATE OF BIRTH May 11 1871		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and State or Foreign Country) Chariton Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Forrest		13b. MOTHER'S MAIDEN NAME Virginia West	
14. NAME OF HUSBAND OR WIFE Clara Forrest			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Miss Mary E. Forrest		ADDRESS Sedalia	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) arteriosclerosis generalized			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertensive heart disease			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from as coroner, 10, that I last saw the deceased alive on 9-28-57, and that death occurred at 5:45P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas Gordon Steyfleck M.D.		23b. ADDRESS Cherokee Pettis Co	
23c. DATE SIGNED 9-27-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-28-57	
24c. NAME OF CEMETERY OR CREMATORY Hope cemetery		24d. LOCATION (City, town, or county) (State) Arkansas City Kansas	
DATE REC'D BY LOCAL REG. 9-28-57		REGISTRAR'S SIGNATURE Frances Shelby	
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros		ADDRESS Sedalia	

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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.....
Signature of Student Embalmer

Signed *Robert T. Fuller*

Licensed Embalmer No. *4818*

P. O. Address *Sedalia*

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.