

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44349**
Registrar's No. **5648**

FILED DEC 18 1957

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5648</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City		c. LENGTH OF STAY (in this place) 9 mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR Blue Mound			
d. FULL NAME OF HOSPITAL OR INSTITUTION Delora Rest Home				d. STREET ADDRESS (If rural, give location) Not Known			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) WESLEY		c. (Last) FORRESTER		4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 1, 1873		9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Blue Mound, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dennis Forrester			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Records Delora Rest Home, K.C., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Prostatectomy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Chronic Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatectomy				INTERVAL BETWEEN ONSET AND DEATH 7 6 hrs 2 yrs 4 2 2 2 F	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Prostatectomy				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) (Min.)		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 <u>Jan 19 52</u> to <u>Nov. 27, 1957</u> , that I last saw the deceased alive on <u>11-26-57</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. W. Thompson MD				23b. ADDRESS 6218 Project Hwy		23c. DATE SIGNED 11-28-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 28, 1957		24c. NAME OF CEMETERY OR CREMATORY Blue Mound Cemetery		24d. LOCATION (City, town, or county) (State) Blue Mound, Kansas	
DATE REC'D BY LOCAL REG. 11-29-57		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Daniel F. H. ADDRESS Blue Mound, Kansas			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Wm. W. Thompson

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.....

Geo. F. Porter

Licensed Embalmer No. 3659

P. O. Address Kans City, Kans

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.