Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

45309
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 246

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rolla — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION DOA Memorial Hospital — Length of stay in 1b: Trans.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Wisconsin b. COUNTY Marinette
c. CITY OR TOWN ~~Crivitz~~ Crivitz — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Route No. 2 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: ELMER Last: FORREST

4. DATE OF DEATH Month: Dec. Day: 16 Year: 1957

5. SEX Male

6. COLOR OR RACE Cau.

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH July 18, 1900

9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.,

11. BIRTHPLACE (City and state or country) Chicago, Illinois.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Parker Forrest

13b. MOTHER'S MAIDEN NAME do not know.

14. NAME OF HUSBAND OR WIFE Mrs. Rose Forrest

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW#1...US Navy

16. SOCIAL SECURITY NO. 336-10-7235

17. INFORMANT Mrs. Rose Forrest, Address 1028 S. Oak Park Ave., Oak Park, Illinois.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Coronary Occlusion; DOA at hospital — INTERVAL BETWEEN ONSET AND DEATH: Minutes
DUE TO (b) (This man had been under medical care of
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c) Dr. G. B. Merline, DePere, Wisconsin, for about two years, for heart condition.) — 4 20 1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Excessive exertion and excitement following minor car accident on Highway 66 west of Rolla.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 4:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Nadine L. Stoll (Degree or title) Local Registrar

22b. ADDRESS Rolla, Missouri

22c. DATE SIGNED 12/17/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE December 17, 1957

23c. NAME OF CEMETERY OR CREMATORY Acacia Park Cem.

23d. LOCATION (City, town, or county) (State) Chicago, Illinois.

24. FUNERAL DIRECTOR Null & Sons Funeral Home — ADDRESS Rolla, Mo., By Paul E. Null

25. DATE RECD. BY LOCAL REG. Dec. 17, 1957

26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED
Phelps County Health Officer
County File Number 915
Date Filed 12/27/57

JAN 2 1958

FEB 27 1958

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.