

Death, Health, Welfare, Public Service, 300-1-56, All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

**58-005320**  
 STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 133

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Iron</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bellevue</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b <u>3 Months</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> c. CITY OR TOWN <u>Bellevue</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>0470</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>LUTICIA</u> Middle <u>FORREST</u> Last <u>FORREST</u>			<b>4. DATE OF DEATH</b> Month <u>Feb.</u> Day <u>27</u> Year <u>1958</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>April 27, 1874</u>	<b>9. AGE</b> (In years last birthday) <u>83</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> - - -		<b>11. BIRTHPLACE</b> (City and state or country) <u>Crawford County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13. FATHER'S NAME</b> <u>Thomas Ives</u>			<b>14. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Thurman</u>				
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yrs. give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> Address <u>Henry Forrest, Bellevue, Mo.</u>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infection &amp; Debility</u> DUE TO (b) <u>Intestinal OBSTRUCTION (Partial)</u> DUE TO (c) <u>Annular Carcinoma of Colon</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>1538</u>					<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 months</u> <u>4-6 months</u> <u>unknown</u>		
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour <u>9:00</u> Month <u>1</u> Day <u>57</u> a. m. <u>2</u> p. m.		<b>20d. INJURY OCCURRED</b> WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> <u>Iron</u> <b>STATE</b> <u>Mo.</u>			
<b>21. I attended the deceased from</b> <u>9-1-57</u> <b>to</b> <u>2-27-58</u> <b>and last saw her alive on</b> <u>2-27-58</u> <b>Death occurred at</b> <u>9:00</u> <b>a</b> <u>2</u> <b>m on the date stated above; and to the best of my knowledge, from the causes stated.</b>							
<b>22a. SIGNATURE</b> (Degree or title) <u>Garold A Embler DO</u>			<b>22b. ADDRESS</b> <u>17 S. Jackson Farming</u>		<b>22c. DATE SIGNED</b> <u>2-26-58</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>3/1/58</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Schwieder Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Crawford County, Mo.</u>		
<b>24. GENERAL DIRECTOR</b> <u>Thomas S. Halbert</u>		<b>ADDRESS</b> <u>Steeleville, Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>Mar 6 - 1958</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs Elizabeth Logan</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

---

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 *Thomas S. Halbert*

Licensed Embalmer No. 4332

P. O. Address....Steelyville

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