

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010993
STATE FILE NUMBER

FILED APR 3 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 64

300
-57

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1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Iberia,
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Richwoods twp
3. NAME OF DECEASED (Type or print) First Middle Last Eugenia Jane Forester			4. DATE OF DEATH Month Day Year Mar 17, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 29, 1874
9. AGE (In years last birthday) 83		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Maries Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George R. Evans	
13b. MOTHER'S MAIDEN NAME Mariah Hopkins		14. NAME OF HUSBAND OR WIFE Isaac Forester	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, if unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Thelma McCubbin Iberia, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Degeneration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis far advanced DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221			INTERVAL BETWEEN ONSET AND DEATH 6 Mo
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Jan 24, 58 to March 17, 58 and last saw her ^{her} alive on March 17, 58 Death occurred at 9:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James M. Myers MD		22b. ADDRESS Rolla Mo	22c. DATE SIGNED 3/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/19/58	23c. NAME OF CEMETERY OR CREMATORY Livingston	23d. LOCATION (City, town, or county) (State) Iberia, Mo
24. FUNERAL DIRECTOR Hedges Funeral Homes Inc		25. DATE RECD. BY LOCAL REG. Mar. 25, 1958	26. REGISTRAR'S SIGNATURE Nadine L. Stoll

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use any standard nomenclature in referring to symptoms. All diseases in Part I must be causally related.

RECEIVED

Phelps County Health Officer,

County File No. 1005

Date Filed 4-2-58

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 Walter O. Hedger

Licensed Embalmer No. 4265

P. O. Address Abena, 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.