

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024318  
State File No.

FILED JUN 24 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4507 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane,</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>	c. CITY OR TOWN <u>Omaha</u> <u>50309</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Cordealia</u>	c. (Last) <u>Forrester</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 9, 1880</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>4</u> Hours <u>   </u> Min. <u>   </u>	11. UNDER 24 HRS. Hours <u>   </u> Min. <u>   </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Denver Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Francis M. Youngblood</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Gilbert</u>	14. NAME OF HUSBAND OR WIFE <u>George Forrester</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-18-4875</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Ballard Cotter,</u>	ADDRESS <u>Arkansas</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>over 2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix of uterus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Hypertensive Cardiovascular Disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>171X</u>
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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?
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22. I hereby certify that I attended the deceased from June 10, 1958, to June 13, 1958, that I last saw the deceased alive on June 13, 1958, and that death occurred at 1:10 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Crane</u>	(Degree or title) <u>Mr. D. Crane</u>	23b. ADDRESS <u>Ms.</u>	23c. DATE SIGNED <u>June 16, 58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/13/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Omaha Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Omaha Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>June 16-58</u>	REGISTRAR'S SIGNATURE <u>Ms. J. Elmer Brossman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Manlove Funeral Home, Crane, Mo.</u>	ADDRESS
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Perdina Murrage (Licensed Embalmer's Statement on Reverse Side)

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

3170

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, ~~of~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *George H. Menlove*.....

Licensed Embalmer No. *3827*

P. O. Address *Cran...*

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.