

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047332  
STATE FILE NUMBER

FILED FEB 20 1959

Registration District No. 347 Primary Registration District No. 6161 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>OKla.</u> b. COUNTY <u>Oskuskie</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Near Cape-fair</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Okema-OKla.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Marion - Joe - Forest</u>			4. DATE OF DEATH Month Day Year <u>Nov. 27 - 58</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov-29-1952</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Bogert Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>B. M. Forest</u>		13b. MOTHER'S MAIDEN NAME <u>Maxine-Morris</u>		14. NAME OF HUSBAND OR WIFE <u>P.O. Box 676</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>B. M. Forest - Okema, OKla</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull Fracture</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Car. slid-off road. boy-fell out-of-the-door-dead when I saw him.</u> DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Car. Slid-off-of-Road.</u>		
20c. TIME OF INJURY <u>6:40 a.m.</u>	Hour <u>Nov. 27 - 58</u>	Month, Day, Year	<u>Child-fell-out-of-door 104</u>

20d. INJURY OCCURRED WHILE AT WORK <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.) <u>Road near Cape-fair</u>	20f. CITY, TOWN, OR LOCATION <u>Cape-fair</u>	COUNTY <u>Stone</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>dead when I saw him</u> and last saw her alive on _____ Death occurred at <u>6:40 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>L. S. Shrumite MD</u>	(Degree or title)	22b. ADDRESS <u>Reeds Spring Mo</u>	22c. DATE SIGNED <u>11/27/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Nov 29. 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Okemah, OKla.</u>	23d. LOCATION (City, town, or country) (State) <u>Okemah, OKla.</u>
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24. FUNERAL DIRECTOR <u>Cheatham Fulcra</u>	ADDRESS <u>Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 10. 59</u>	26. REGISTRAR'S SIGNATURE <u>Mo J. James Brown</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No.....

P. O. Address.....

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.