

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006811

STATE FILE NUMBER

FILED FEB 18 1959 Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 52

300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Farmington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cantwell 0940 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION White Way Nurs.Hm.		Length of stay in lb 1 Week	d. STREET ADDRESS (If outside, give location) --- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Annie Middle -- Last Forrester			4. DATE OF DEATH Month Feb. Day 8th Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17, 1876	9. AGE (In years from birthday) 82	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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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) Washington, County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Thomas	13b. MOTHER'S MAIDEN NAME Carolina Thomas	14. NAME OF HUSBAND NAME Howard Forrester
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT White Way Nurs. Home Farmington, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET OF DEATH 1 day
DUE TO (b) Cerebral Hemorrhage		
DUE TO (c) Severe arteriosclerosis & Hypertension 331X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe turn to back and legs - 1 week		

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.)
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20c. TIME OF INJURY Hour --- Month, Day, Year --- a.m. --- p.m. ---

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.)	20f. CITY, TOWN, OR LOCATION ---	COUNTY ---	STATE ---
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21. I attended the deceased from Feb 2nd 1959 and last saw her alive on Feb 7th 1959 Death occurred at 1:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Russell Doo (Degree or title)	22b. ADDRESS St. Francois, Mo	22c. DATE SIGNED 2/9/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/11/1959	23c. NAME OF CEMETERY OR CREMATORY Workman Cemetery	23d. LOCATION (City, town, or county) St. Francois, Mo (State)
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24. FUNERAL DIRECTOR C.Z. Boyer & Son Desloge, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 10, 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff
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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 *C. Z. Dreyer*

Licensed Embalmer No. 1671

P. O. Address Dealoga, 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.