URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

60-025638

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 223

ENDED

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b 1 week
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Laughlin — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Scotland
c. CITY OR TOWN Baring — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Maggie Forrester

4. DATE OF DEATH Month Day Year: July 6. 1960

5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 5. 1888
9. AGE (last birthday): 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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): Scotland Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: James H. Black
13b. MOTHER'S MAIDEN NAME: Cora Ann Crawford
14. NAME OF HUSBAND OR WIFE: Fred F. Forrester

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.: No
17. INFORMANT: Fred F. Forrester — Address: Baring. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) UREMIA AND OVERWHELMING TOXEMIA — INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastatic SEROUS-PAPILLARY-CYSTADENOCARCINOMA — UNKNOWN
DUE TO (c) OF Rt OVARY INTO UTERUS AND COLON — "

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): NECROTIC AND INFECTION OF OVARIAN CARCINOMA

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-25-60, to 7-6-60 and last saw her/him alive on 7-6-60
Death occurred at 8 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Earl Laughlin Jr. Do
22b. ADDRESS: Kirksville, Mo
22c. DATE SIGNED: 7-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 8. 1960
23c. NAME OF CEMETERY OR CREMATORY: Memphis Cemetery
23d. LOCATION (City, town, or county) (State): Memphis, Missouri

24. FUNERAL DIRECTOR: Gertt & Baskett — ADDRESS: Memphis Mo.
25. DATE RECD. BY LOCAL REG.: 7-25-1960
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

EARL LAUGHLIN, JR. D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George F Guth

Licensed Embalmer No. 5091

P. O. Address _____

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