

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25436

State File No.

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Ray</u> <u>0890</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> <u>0890</u>	
b. CITY OR TOWN <u>Rayville</u>		c. CITY OR TOWN <u>Rayville</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>Street not listed</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Street not listed</u>			

3. NAME OF DECEASED (Type or Print) <u>ENOS</u> <u>Jasper</u> <u>FORRESTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July</u> <u>14</u> <u>1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 3</u> <u>1864</u>		9. AGE (In years last birthday) Months Days <u>88</u> <u>0</u> <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Rousesburg, North Carolina</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Samuel Forrester</u>		13b. MOTHER'S MAIDEN NAME <u>Susan (unknown) Forrester</u>		14. NAME OF HUSBAND OR WIFE <u>Marshall Forrester</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marshall Forrester</u> ADDRESS <u>Rayville, Missouri</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, gangrene right foot of lower leg</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>15 years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Double Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		. DUE TO (c)		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>Rayville</u> <u>Ray</u> <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 1, 1952, to July 14, 1952, that I last saw the deceased alive on July 14, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Peter E. Duehner M.D.</u>		23b. ADDRESS <u>Lansdown Mo.</u>		23c. DATE SIGNED <u>7/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wm. H. Co. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lansdown, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>July 15 1952</u>		REGISTRAR'S SIGNATURE <u>Maluel Gibson</u> <u>273</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Subst. Life Funeral Home</u> <u>Richmond, Missouri</u> <u>Dr. H. H. H. H.</u>	
--	--	---	--	---	--

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

STATEMENT BY LICENSED EMBALMER

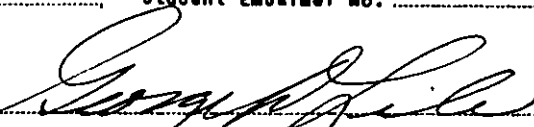
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

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 this body is not embalmed, fact should be so stated above.