

FILED JUN 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 19065

BIRTH NO.

REG. DIST. NO. 333

PRIMARY REG. DIST. NO. 3074

Registrar's No.

88

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett	
c. LENGTH OF STAY (In this place) 37 hrs		0352	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		d. STREET ADDRESS (If rural, give location) 610 So. Anthony Street	

3. NAME OF DECEASED (Type or Print) a. (First) Rebecca		b. (Middle) Jane		c. (Last) Forbus		4. DATE OF DEATH (Month) (Day) (Year) June 1, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-30-1881	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Bollinger County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Hedrick (dec)		13b. MOTHER'S MAIDEN NAME Nancy Duncan (dec)		14. NAME OF HUSBAND OR WIFE Arch Forbus	
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'S SIGNATURE OR NAME Mrs. Ruby Gambrill, Daughter, Fort Wayne, Indiana	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia		INTERVAL BETWEEN ONSET AND DEATH 48 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		190X	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 5-29, 1950, to 6-1, 1950, that I last saw the deceased alive on 6-1, 1950, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert Sargent, M.D.		23b. ADDRESS 126a E. Front Street - Sikeston, Missouri		23c. DATE SIGNED 6-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) U		24b. DATE 6-1-50		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cem.	
24d. LOCATION (City, town, or county) (State) Kennett, MO		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Ella Hunter		ADDRESS Lutz Service Kennett, Mo.	
DATE REC'D BY LOCAL REG. June 3-50		REGISTRAR'S SIGNATURE 4291			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 5 195
SCOTT COUNTY HEALTH CEN
CO. FILE NO. 650-

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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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 this body is not embalmed, fact should be so stated above.