

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7228

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6206 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Texas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson</u>		c. LENGTH OF STAY (In this place) <u>45 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson</u>		1070
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>HENRY</u> c. (Last) <u>FORINASH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 28 51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 22 1886</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Idling</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lewis Co. West Va.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jacob Lounis</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no. unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>_____</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Connolly</u> ADDRESS <u>Raymond</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardio-Respiratory failure</u>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. - It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Arteriosclerotic degenerative</u>				
	DUE TO (c) <u>Decompensated Heart Disease</u>				
	DUE TO (c) <u>Small to Pneumonia Bilaterally</u>				
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio-Renal Absolut disease</u>				4.5 X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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) 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 <u>1/10</u> , 19 <u>51</u> , to <u>1/19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/19</u> , 19 <u>51</u> , and that death occurred at <u>9:15 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. J. Burnside</u>		23b. ADDRESS <u>Houston, Mo.</u>		23c. DATE SIGNED <u>1/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Allen</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 19-51</u>	REGISTRAR'S SIGNATURE <u>Myrtle Craig</u> 327	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jaylord V. Elliott</u> ADDRESS <u>Houston</u>			

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

1070

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 24 1951

Dist. File 215-469

Date Filed 2-24-51

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

Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.