No. 300
12-48

FILED JUN 21 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20643

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5637 Registrar's No. _____

540

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. F. D. Napoleon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Napole on, Missouri 0540
d. STREET ADDRESS (If rural, give location): Rural 1 mile E. Napoleon 0

3. NAME OF DECEASED (Type or Print)
a. (First): Rollin
b. (Middle): Otto
c. (Last): Forsha

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 26, 1897
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10b. KIND OF BUSINESS OR INDUSTRY: Filling Station
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: Yes

13a. FATHER'S NAME: J. L. Forsha
13b. MOTHER'S MAIDEN NAME: Ella Osborne
14. NAME OF HUSBAND OR WIFE: Clara E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Clara E. Forsha Napoleon, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Shot gun shot of breast face & skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hunting accident, charge of 12 gague no 4 shot at 50 feet

INTERVAL BETWEEN ONSET AND DEATH: E 91 91

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation
20. AUTOPSY? YES ☐ NO ☒ 19

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm,
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Napoleon Lafayette Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-12-1951 6P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from after death, 19 at 8P m 6-12, 1951, that I last saw the deceased alive on _____, 19___, and that death occurred at 6P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Martin MD Coroner
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 6-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15, 1951
24c. NAME OF CEMETERY OR CREMATORY: Machpelah Cem.
24d. LOCATION (City, town, or county) (State): Lexington, Mo.

DATE REC'D BY LOCAL REG.: 6-13-51
REGISTRAR'S SIGNATURE: Emma Davidson 453
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. Clair Sheppard Wellington, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-20-51
DISTRICT HEALTH OFFICE No. 3
District File Number.....
Date Filed 6-20-51

JUN 28 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed J. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address Wellington, Miss.

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

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