

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20703**

BIRTH NO. 38037-51 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5690 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Yellow Creek Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- North Salem Twshp.</u>	
c. LENGTH OF STAY (in this place) <u>10 d</u>		d. STREET ADDRESS (If rural, give location) <u>RFD New Boston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 1, St. Catherine</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James Leroy</u> b. (Middle) <u>Forbes</u> c. (Last) <u>Forbes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1951</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>May 29, 1951</u>	9. AGE (In years last birthday) <u>0</u> Months <u>10</u> Days <u>10</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Catherine, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Roy Forbes</u>	13b. MOTHER'S MAIDEN NAME <u>Emmalee Perrin</u>	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Perrin, St. Catherine, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intoxus Neonatorum</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>—</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1952</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 29, 1951, to June 8, 1951, that I last saw the deceased alive on June 6, 1951, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Potter</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Brookfield Mo.</u>	23c. DATE SIGNED <u>6-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>	24d. LOCATION (City, town, or county) (State) <u>St. Catherine, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-9-51</u>	REGISTRAR'S SIGNATURE <u>W. Bliven</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>0</u>	ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

580

Date Received: JUN 19 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-51-111  
Date Filed: JUN 19 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harold B. Wright.....

Licensed Embalmer No. 3718.....

P. O. Address Brookfield, 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.