

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35036

9553

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla 0877	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5234 Cahanne avenue		d. STREET ADDRESS (If rural, give location) 808 State street	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Forbes c. (Last) Forbes			4. DATE OF DEATH (Month) (Day) (Year) 10-26-51
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 6-15-1920
9. AGE (In years last birthday) 31		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) instructor	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) instructor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Denver, Colorado
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Carroll Ralph Forbes	
13b. MOTHER'S MAIDEN NAME Harriet Coleman		14. NAME OF HUSBAND OR WIFE Marjorie Forbes	
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.	
17. INFORMANT'S SIGNATURE OR NAME Marjorie Forbes		ADDRESS Rolla, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Kypho-scoliotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial insufficiency		2 yrs.	
DUE TO (c) Pott's disease			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 0130	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 14340			
22. I hereby certify that I attended the deceased from May 31, 1951, to Oct. 26, 1951, that I last saw the deceased alive on Oct. 25, 1951, and that death occurred at 10 A. M., from the causes and on the date stated above.			
23a. SIGNATURE Geo. W. Stuebe (Deed or title) M.D.		23b. ADDRESS 3720 Washington Blvd.	
23c. DATE SIGNED 10-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 10-26-51	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, of county) (State) Rolla, Mo.	
DATE REC'D BY LOCAL REG. OCT 29 1951		REGISTRAR'S SIGNATURE J. Carl Smith M.D. K.P.	
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service		ADDRESS 4104 Manchester Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

DEC 19 1938

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 *Ben Johnson*
Licensed Embalmer No. *4366*

P. O. Address *St. Louis, 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.