

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1952

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 4118 Registrar's No. 30

0220

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

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) Sparta		c. CITY (If outside corporate limits, write RURAL and give township) Sparta	
c. LENGTH OF STAY (In this place) 60		d. STREET ADDRESS (If rural, give location) Sparta	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sparta, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Wilburn c. (Last) Forgey			4. DATE OF DEATH (Month) (Day) (Year) Feb 18, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 24, 1872
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	11. BIRTHPLACE (State or foreign country) Kentucky
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME Robert Russell		13b. MOTHER'S MAIDEN NAME Martha Turner	
14. NAME OF HUSBAND OR WIFE			
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 Mrs. Effie Rowden		ADDRESS Sparta, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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?			
22. I hereby certify that I attended the deceased from Jan - 1952 , to Feb - 18, 1952 , that I last saw the deceased alive on Jan - 17, 1952 , and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE Dr. Warren P. [Signature]		23b. ADDRESS Sparta, Mo.	
23c. DATE SIGNED Mar - 4 - 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 20, 52	
24c. NAME OF CEMETERY OR CREMATORY Linden Cemetery		24d. LOCATION (City, town, or county) (State) Christian, Mo.	
DATE REC'D BY LOCAL REG. Mar 7, 1952		REGISTRAR'S SIGNATURE Jelen Blumins	
5. FUNERAL DIRECTOR'S SIGNATURE G. B. Chaffin		ADDRESS Ozark Mo.	

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.....

T. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. *2192*

P. O. Address *Ozark 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.