

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42425**

FILED JAN 4 1954

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

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 151	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. LENGTH OF STAY (In this place) 2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) Boonville		0 2 12 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.				d. STREET ADDRESS (If rural, give location) 500 Third St.			
3. NAME OF DECEASED (Type or Print) a. (First) Casper		b. (Middle) P.		c. (Last) Forbach.		4. DATE OF DEATH (Month) (Day) (Year) December 29 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2ⁿ 1884		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Owner Dry-goods		11. BIRTHPLACE (City and State or Foreign Country) Vandalia, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Phillip Forbach		13b. MOTHER'S MAIDEN NAME Minnie Schmidt		14. NAME OF HUSBAND OR WIFE Georgie Rudd Forbach.			
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 ADDRESS Mrs. C. P. Forbach, Boonville, 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) Hypertensive - arteriosclerotic Cardiovascular Disease					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years	
	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 443X				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 12-28-53 , 19____, to 12-29-53 , 19____, that I last saw the deceased alive on 12-28-53 , 19____, and that death occurred at 1:54 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. M. Stewart, M.D.				23b. ADDRESS 329 Main St, Boonville, Mo		23c. DATE SIGNED 12-30-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 1ⁿ 1954	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.			
DATE REC'D BY LOCAL REG. 12/30/53		REGISTRAR'S SIGNATURE Cooper 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.			

JAN 8 1954

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Rossville, 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.