

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12895**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3057** Registrar's No. **1248**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beaman	
c. LENGTH OF STAY (in this place) 2 Mo.		0800 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 E. 7th		d. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED (Type or Print)	a. (First) Greene	b. (Middle) C	c. (Last) Forbes	4. DATE OF DEATH (Month) (Day) (Year) April 13 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec-6-1882	9. AGE (in years) (last birthday) 71	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Beaman Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Zacharia T. Forbes	13b. MOTHER'S MAIDEN NAME Anna Siler	14. NAME OF HUSBAND OR WIFE Stella Lee
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs John Prall	ADDRESS Sedalia
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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	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) m.	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 **April 1, 1954**, to **April 1, 1954**, that I last saw the deceased alive on **April 11, 1954**, and that death occurred at **4 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed. Drennon, M.D.	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 4/13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-16-54	24c. NAME OF CEMETERY OR CREMATORY Lee cemetery	24d. LOCATION (City, town, or county) (State) Sedalia Mo
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DATE REC'D BY LOCAL REG. 4-16-54	REGISTRAR'S SIGNATURE W. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros	ADDRESS Sedalia
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 4 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 KPM Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.