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FILED JUL 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17636

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO, MO.</u>		c. LENGTH OF STAY (in this place) <u>19 MO.</u>	c. CITY OR TOWN <u>MEXICO</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 VENUS ST.</u>		f. STREET ADDRESS (If rural, give location) <u>5 VENUS ST.</u> <u>00430</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUSTUS</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>FORSYTHE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29, 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 20, 1879</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>76 4 9 - -</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KY.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>A. FORSYTHE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ESSIE E. FORSYTHE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>YES</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>CLAUDE E. FORSYTHE MEXICO, MO</u>	

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		DUE TO (b) <u>Coronary Heart Disease</u>			<u>3 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>H201</u>			<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cerebral Vascular Accident</u>			<u>6 years</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (Min.)		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 6-29, 1955, to 6-29, 1955, that I last saw the deceased alive on 6-29, 1955 and that death occurred at 6:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest J. Gantt</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>MEXICO, MO</u>		23c. DATE SIGNED <u>7-1-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-2-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEM. HOLLIDAY, MO.</u>		24d. LOCATION (City, town, or county) (State) <u>MO. HOLLIDAY, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>July 1, 1955</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Speedy Blakey PARIS, MISSOURI</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed... *E. H. Agnew*

Licensed Embalmer No. 400

P. O. Address PARIS, MISSOURI

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.