

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26153**  
**3242**  
Registrar's No.

FILED AUG 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HENRY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (In this place) <b>3 DAYS</b>	c. CITY OR TOWN <b>CLINTON</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		f. STREET ADDRESS (If rural, give location) <b>BOX 181</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Kapels</b> b. (Middle) _____ c. (Last) <b>FORSYTHE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 29 1955</b>		
5. SEX <b>D</b> <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>3-7-1891</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COAL MINER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MINING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CLINTON, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>EDWARD FORSYTHE</b>	13b. MOTHER'S MAIDEN NAME <b>JAMACIA GEORGE</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Forsythe</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>WW1 490-05-9595</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lucille Wasiura Muskegon, Michigan</b>	ADDRESS
---	--	---	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>420'</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary edema</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diffuse coronary arteriosclerosis</b> DUE TO (c) <b>Myocardial insufficiency</b>		
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 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) (m.) <b>VA</b>	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 **July 26, 1955**, to **July 29, 1955**, that I ~~was~~ ~~present~~ ~~at~~ ~~the~~ ~~death~~ ~~and~~ ~~that~~ ~~death~~ ~~occurred~~ ~~at~~ ~~9:15P~~ ~~m.~~, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Guido Podrecca</b>	23b. ADDRESS <b>4801 Linwood Blvd., K. C. Mo.</b>	23c. DATE SIGNED <b>7-30-55</b>
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July-31-55</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>CLINTON MO</b>
---	--------------------------------	------------------------------------	--

DATE REC'D BY LOCAL REG <b>7-30-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Newcomer</b>	ADDRESS <b>Don Kan. City, Mo</b>
---	---	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Guido Podrecca MD

1961  
AUG 21 5 00 PM

**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 *Albert L. Savage*

Licensed Embalmer No. *481*

P. O. Address *Janss*

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.