

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 309

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Columbia</u>  |  | c. CITY OR TOWN <u>Columbia</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place)<br><u>wk</u>   |  | e. STREET ADDRESS (If rural, give location)<br><u>1202 Paris Road</u>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>Rector Nursing Home</u> |  |   |  |

|  |                          |                        |                         |  |
|--|--------------------------|------------------------|-------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>GEORGE</u> | b. (Middle) <u>LEE</u> | c. (Last) <u>FORBIS</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Nov. 16, 1955</u> |
|--|--------------------------|------------------------|-------------------------|--|

|                       |                                  |  |   |  |                           |                          |                          |                          |
|-----------------------|----------------------------------|--|---|--|---------------------------|--------------------------|--------------------------|--------------------------|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>Nov. 5, 1873</u> | 9. AGE (In years last birthday)<br><u>82</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Days | IF UNDER 1 MIN.<br>Hours | IF UNDER 1 MIN.<br>Mins. |
|-----------------------|----------------------------------|--|---|--|---------------------------|--------------------------|--------------------------|--------------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Contractor &amp; Poultry Merchant</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Lathing Contractor &amp; Poultry Merchant</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Boone County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|---|---|---|---|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><u>Isaac Forbis</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Usula Smith</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Lena Bell Hayes</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)<br><u>Yes Spanish-American</u> | 16. SOCIAL SECURITY NO.<br><u>Spanish-American</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. George Lee Forbis</u> | ADDRESS<br><u>Columbia, Mo.</u> |
|--|--|--|---------------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, 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>Intracranial hemorrhage</u>   |          | <u>24 hrs.</u>                   |
|  | ANTECEDENT CAUSES<br>*Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral arteriosclerosis</u><br>DUE TO (c) <u>33IX</u> |          | <u>?</u>                         |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Thoracic aortic aneurysm</u>   |   | <u>—</u> |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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 5:00 PM, 1955, to 16:00 PM, 1955, that I last saw the deceased alive on 15:00 PM, 1955, and that death occurred at 6:20 AM, from the causes and on the date stated above.

|   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>Elmer P. Rodgers, M.D.</u> | 23b. ADDRESS<br><u>101 W. Bel'ury</u> | 23c. DATE SIGNED<br><u>19 Nov 55</u> |
|---|---------------------------------------|--------------------------------------|

|  |                                |   |   |
|--|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>11-18-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Columbia, Mo.</u> |
|--|--------------------------------|---|---|

|   |  |   |                                 |
|---|--|---|---------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>Nov 19, 1955</u> | REGISTRAR'S SIGNATURE<br><u>Mrs R E Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Parker Funeral Service</u> | ADDRESS<br><u>Columbia, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1955

NOV 16 1955

DEC 30 1955

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..... TOM McHarg

Licensed Embalmer No. 40

P. O. Address. Columbus

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.