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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10158**

FILED APR 5 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5948 Registrar's No. 22

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>PLATTE</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO.</b><br>b. COUNTY <b>PLATTE</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>RURAL CARROLL TOWNS.</b> ) |  | c. CITY OR TOWN <b>SMITHVILLE, MO.</b><br><b>R. F. D.</b>  |  |
| c. LENGTH OF STAY (If in this place) <b>3 YRS.</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>HOME</b>  |  | e. STREET ADDRESS (If rural, give location) <b>RURAL, 5 Miles N.W. SMITHVILLE MO.</b>  |  |

|  |                               |   |  |   |  |
|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)  |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)                                  |   |  |
| a. (First) <b>VIOLA</b>  | b. (Middle) <b>MARIE</b>      | c. (Last) <b>FORSYTH</b>  | DEATH <b>MARCH 24,</b>   |   | (Year) <b>1956</b>                             |
| 5. SEX <b>FEMALE</b>   | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>FEB. 7, 1902</b>                                   | 9. AGE (In years last birthday) <b>54</b> | IF UNDER 1 YEAR Months <b>1</b> Days <b>17</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>                         | 11. BIRTHPLACE (City and State or Foreign Country) <b>EDNA, KANSAS</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>   |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <b>CHARLES TRYON</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>MARTHA TUCKER</b> |  | 14. NAME OF HUSBAND OR WIFE <b>CECIL L. FORSYTH</b>                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> |  | 16. SOCIAL SECURITY NO. <b>-</b>               |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CECIL L. FORSYTH, SMITHVILLE, MO.</b> |  |

|   |  |   |  |                                  |  |
|---|--|---|--|----------------------------------|--|
| 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, asthma, 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) <b>Myocardial Infarction</b>   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerotic Heart Disease</b> |  | <b>2 hrs.</b>                    |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | DUE TO (c) <b>-</b>   |  | <b>6 months</b>                  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 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) |  | 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 Jan 12, 1956, to Mar 24, 1956, that I last saw the deceased alive on Mar. 24, 1956, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE <b>David R. Miles M.D.</b> (Degree or title)                           |  | 23b. ADDRESS <b>Smithville, Mo</b>         |  | 23c. DATE SIGNED <b>3/25/56</b>                                 |  |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>                                |  | 24b. DATE <b>MAR. 26, '56</b>              |  | 24c. NAME OF CEMETERY OR CREMATORY <b>WHITE CHAPEL MEMORIAL</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>5M1. N. E. North K.C. MO.</b>        |  | DATE REC'D BY LOCAL REG. <b>Mar 25, 56</b> |  | REGISTRAR'S SIGNATURE <b>U. Philip Ralston</b>                  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McCOMAS FUNERAL HOME, SMITHVILLE, MO.</b> |  |  |  |   |  |

(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 *Donald W. Hansen*.....

Licensed Embalmer No. *45*.....

P. O. Address *Smithville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.