

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10342

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4461 Registrar's No. 108

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY ST. FRANCOIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BISMARCK | | c. CITY OR TOWN BISMARCK | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 10 YRS | | e. STREET ADDRESS (If rural, give location) 0940 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | |

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|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) A c. (Last) FORSHEE | | | 4. DATE OF DEATH (Month) (Day) (Year) MAR. 23 1956 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH SEPT 26 1859 | 9. AGE (In years last birthday) 96 | IF UNDER 1 YEAR Months 6 Days 27 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) IRONDALe - MO. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME JOSEPH FORSHEE | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE MARY FORSHEE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS EVA BLANTON BISMARCK MO | |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE CIRCULATORY FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) THROMBOTIC ENCEPHALOMALACIA / W.K. DUE TO (c) ARTERIOSCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OLD AGE. | | | INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS YRS. | |
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|------------------------|----------------------------------|--|
| 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) |
| 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 6-11 1955, to 3-23 1956, that I last saw the deceased alive on 3-23 1956, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

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|--|---|--|---|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) R. A. Mendigata D.O. | | 23b. ADDRESS BISMARCK MO. | | 23c. DATE SIGNED 3-24-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 3-25-56 | 24c. NAME OF CEMETERY OR CREMATORY BIG RIVER CEMETERY IRONDALe MO. | 24d. LOCATION (City, town, or county) (State) | | |
| DATE REC'D BY LOCAL REG. Mar 24, 1956 | REGISTRAR'S SIGNATURE Father Rudloff | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE FUNERAL HOME BISMARCK MO | | | |

(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.. *Arvid J. White*

Licensed Embalmer No. *301*

P. O. Address *Imitor*

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.