

FILED SEP 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. 30049

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 426	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau, Mo		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mound City		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hosp				d. STREET ADDRESS (If rural, give location) 107 S. Second			
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin		b. (Middle) B		c. (Last) Fornos		4. DATE OF DEATH (Month) (Day) (Year) Sept 18 56	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 28, 1895	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist				10b. KIND OF BUSINESS OR INDUSTRY Paper making		11. BIRTHPLACE (State or foreign country) Benton, Missouri	
12. CITIZEN OF WHAT COUNTRY?				C			
13a. FATHER'S NAME Leo Fornos			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Bertie Fornos	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. 491-16-3412		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertie Fornos Mound City, Ill.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory acidosis uncompensated (Respiratory + culture). ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial catarrh DUE TO (c) Bronchectasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pulmonary infection				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 241x				20. AUTOPSY? YES <input checked="" 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) 9		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 Sept. 14th 1956 to Sept. 17th 1956 that I last saw the deceased alive on Sept. 16th 1956, and that death occurred at 5:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Albert M. Estes M.D.				23b. ADDRESS 714 Broadway, Cape Girardeau, Mo.		23c. DATE SIGNED 9/21/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/21/56		24c. NAME OF CEMETERY OR CREMATORY Thistlewood		24d. LOCATION (City, town, or county) (State) Mounds Illinois	
DATE REC'D BY LOCAL REG. 9-23-56		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. L. Haman Cape Girardeau Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 23 1956

OCT 9 1956

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
Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. *2863*

P. O. Address *Cape Canaveral*

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 this body is not embalmed, fact should be so stated above.