

FILED MAR 6 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 5057 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY BARRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KINGS PRARIE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Monett R.F.D.#2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Miles E. Monett		Length of stay in lb 13 Yrs.	d. STREET ADDRESS 6 Miles E. Monett		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LEONARD Middle M. Last FORBES			4. DATE OF DEATH Feb. 18, 1957 Month Feb. Day 18 Year 1957		
5. SEX Male	6. COLOR OR RACE White 0	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 8, 1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5 Days 10 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Plainview, Neb. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME N. S. FORBES			14. MOTHER'S MAIDEN NAME THERESA DAVIS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 495-30-1600	17. INFORMANT Address Wood Lake, Nebr. Mrs. Euniece FORBES		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis with Myocardial Infarction</u> DUE TO (c) <u>Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>Feb. 1, 1957</u> to <u>Feb. 16, 1957</u> and last saw ^{her} him alive on <u>Feb. 16, 57</u> Death occurred at <u>6 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) F. Avery Watson D.O.			22b. ADDRESS Verona, Mo.		22c. DATE SIGNED 2-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/21/57	23c. NAME OF CEMETERY OR CREMATORY Spring River		23d. LOCATION (City, town, or county) (State) Lawrence County, Mo.	
24. FUNERAL DIRECTOR ADDRESS J. D. Buchanan Monett, Mo.		25. DATE RECD. BY LOCAL REG. 2-20-57	26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook		

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 257-28

DATE REC. 2-25-57

MAR 6

1957

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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 *J. R. Buchanan*

Licensed Embalmer No. 317

P. O. Address Monett, Mo.

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.