

pt. Health,
, & Welfare
S. Public
th Service

S. 300
V. 1-56

...member required by 195-140 MORS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41546

STATE FILE NUMBER

FILED NOV 20 1957

294

3056

266

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY RANDOLPH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RANDOLPH		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MOBERLY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. S. WILLIAMS ST		Length of stay in lb 77 1/2	d. STREET ADDRESS (If outside, give location) 411 S. WILLIAMS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Blair FORNEY			4. DATE OF DEATH Month Nov. Day 8, Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-22-1868	9. AGE (In years last birthday) 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CO-OWNER		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE STORE	11. BIRTHPLACE (City and state or country) RANDOLPH COUNTY		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME DANIEL SMYSER FORNEY			14. MOTHER'S MAIDEN NAME HENRIETTA BEATTY		
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. A486-38-6466	17. INFORMANT D. S. FORNEY IV Address MOBERLY		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Virus Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a). DUE TO (b) 492X					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 MOBERLY COUNTY _____ STATE _____	
21. I attended the deceased from Nov 4th 57 to Nov 8th and last saw her her alive on Nov 7th Death occurred at Nov 8th m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Thos S. Fleming MD (Degree or title)			22b. ADDRESS Moberly		22c. DATE SIGNED 11-8th-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-10-1957	23c. NAME OF CEMETERY OR CREMATORY OAKLAND		23d. LOCATION (City, town, or county) (State) Moberly Mo.	
24. FUNERAL DIRECTOR MAHAN FUN'L SERVICE - MOBERLY ADDRESS _____		25. DATE RECD. BY LOCAL REG. Nov 8 1957		26. REGISTRAR'S SIGNATURE Reed W. Lowe	

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 1957

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.....
John A. Guerin

Licensed Embalmer No. *3812*

P. O. Address *MOORELY*

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.