

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JAN 2 1958

5706 State File No. **45032**
75 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 8306		REGISTRAR'S NO. 75		
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson (Rural)		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson		d. STREET ADDRESS (If rural, give location) 3 miles east		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles east				d. STREET ADDRESS (If rural, give location) 3 miles east				
3. NAME OF DECEASED (Type or Print) Henry Willard Allen Forcum			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Dec. 17, 1957		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 7, 1905		9. AGE (In years last birthday) 52		10. IF UNDER 1 YEAR: Months 8 Days 10 Hours 10 Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Anderson, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Willard Forcum		13b. MOTHER'S MAIDEN NAME Evelena Dean		14. NAME OF HUSBAND OR WIFE Velma Forcum				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Velma Forcum Anderson, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck + Crushed Chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Falling Tree (Timber) (Accident) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9101				INTERVAL BETWEEN ONSET AND DEATH Sudden		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 3		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm (woods)		21c. (CITY, TOWN, OR TOWNSHIP) Anderson (COUNTY) McDonald (STATE) Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-17-57 2:00 P. m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Falling Tree				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE M. Humphrey Jr. Coroner (Degree or title)				23b. ADDRESS Noel Mo.		23c. DATE SIGNED 12-19-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/20/57		24c. NAME OF CEMETERY OR CREMATORY Tracy Cemetery		24d. LOCATION (City, town, or county) (State) Anderson Rt. 3, Missouri		
DATE REC'D BY LOCAL REG. 12-21-57		REGISTRAR'S SIGNATURE Wayne Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE Bob Funeral Home Anderson, Mo. ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 8 1958

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 Carl Rapp

Licensed Embalmer No. 3458

P. O. Address Anderson, Missouri

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.