

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005504

STATE FILE NUMBER

846

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 7229 MONTGALL AVE.		Length of stay in 1b 30 YEARS	d. STREET ADDRESS (If outside, give location) 7229 MONTGALL AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RUSSELL H. FORQUER			4. DATE OF DEATH Month Day Year FEB. 15- 1958		
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 26. 1897		9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARTNER		10b. KIND OF BUSINESS OR INDUSTRY UNIONIZED FREIGHT COMPANY		11. BIRTHPLACE (City and state or country) MILLPORT, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME SHERMAN FORQUER		13b. MOTHER'S MAIDEN NAME IDA MAY LONGFELLOW	
14. NAME OF HUSBAND OR WIFE MRS. LOUBELLE FORQUER		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. 495-24-9583	
17. INFORMANT Mrs. LOUBELLE FORQUER		Address 7229 MONTGALL AVE. KANSAS CITY, MISSOURI		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure. DUE TO (b) Arterio-sclerosis DUE TO (c) Bronchiectasis 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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Kansas City, Jackson, Mo		20g. COUNTY Jackson		20h. STATE MO	
21. I attended the deceased from Death occurred at Jan '54 - 12:20 P. to Feb 15-58 and last saw him alive on Feb 14-58. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) James C. Walker M.D.		22b. ADDRESS 318 1/2 N. 1st St. K.C. Mo	
22c. DATE SIGNED 2-16-58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB-17-1958	
23c. NAME OF CEMETERY OR CREMATORY PAULINE CEMETERY		23d. LOCATION (City, town, or county) RUTELIDGE		23e. STATE MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 2-17-58	
26. REGISTRAR'S SIGNATURE Neva Minshall					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
James C. Walker

All diseases in Part I must be causally related.



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 *Basil P. Honey* .....

Licensed Embalmer No. *4724* .....,  
P. O. Address *KC, Mo.* .....

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.