

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH AND HIGIENE
STANDARD CERTIFICATE OF DEATH

58-009938

STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1419

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Lafayette		
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 HIGGINSVILLE <u>0541</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Length of stay in lb 6 days	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle L. Last FORBUSH			4. DATE OF DEATH Month March Day 17 Year 1958		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 31, 1894	9. AGE (In years last birthday) 63	FUNDER YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Higginsville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jackson Forbush		13b. MOTHER'S MAIDEN NAME Amelia Divers		14. NAME OF HUSBAND OR WIFE Ethel M. Forbush	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes NWT		16. SOCIAL SECURITY NO. 496 01 8636	17. INFORMANT Address VA Hospital Official Records, K. C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Third degree heart block (Stokes-Adams) Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) Hypertensive cardiovascular disease					INTERVAL BETWEEN ONSET AND DEATH 143
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 1		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 March 11, 1958 to March 17, 1958 Death occurred at 12:00 Noon m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE ROBERT FLINNER, M.D. <i>(Degree or title)</i>			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 3-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-17-58	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Higginsville, Missouri
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home			ADDRESS 18th & Benton	25. DATE RECD. BY LOCAL REG. 3-18-58	26. REGISTRAR'S SIGNATURE neva marshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 4 1958



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
X by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Bruce R. Watkins*

Licensed Embalmer No. *4570*
P. O. Address *18th & Benton*

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.