

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010904

STATE FILE NUMBER

FILED MAR 19 1958

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY PEMISCOT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAYTI			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN PORTAGEVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL			Length of stay in lb 3 DAYS		d. STREET ADDRESS (If outside, give location) 201 WEST 1ST ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSHUA Middle CLARENCE Last FORBES				4. DATE OF DEATH MARCH 5, 1958			
5. SEX MALE	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 APRIL 1, 1881		9. AGE (In years, last birthday) 76	IF UNDER 1 YEAR Months Days 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 FARM		11. BIRTHPLACE (City and state or country) KANSAS		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JOHN C. FORBES				14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT MRS. CLARENCE FORBES Address PORTAGEVILLE, 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) Cerebral Vascular Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Chronic Hypertensive Cardio-Vascular Disease		DUE TO (c)		ONE year
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.			2				
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 July 1957 to March 1958 and last saw her alive on 4 March 1958 Death occurred at 5:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Andrew E. Painter M.D. U				22b. ADDRESS 925 King St Portageville, Mo		22c. DATE SIGNED 8 March 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 7, 1958	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY		23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI		
24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.				25. DATE RECD. BY LOCAL REG. 3-10-58		26. REGISTRAR'S SIGNATURE John W. Herman	

(Licensed Embalmer's Statement on Reverse Side)

Director, Coroner, etc. must use only 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

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3-78-58

MAR 17 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.....
Joseph A. L. Lusk
Licensed Embalmer No. 4481

P. O. Address Portageville

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.