THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002227
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 239 Primary Registration District No. 4356 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ark b. COUNTY
c. CITY OR TOWN Jonesboro 8050 8 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Baron Middle: Thurston Last: Forbes
4. DATE OF DEATH Month: Jan Day: 31 Year: 1959
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH July 28, 1881
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months 6, Days 3 — IF UNDER 24 HRS.: 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 Store Manager
11. BIRTHPLACE (City and state or country) Whitman, Ark
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Porter Forbes
14. MOTHER'S MAIDEN NAME Althera Lee Fisher
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. 480-10-4502
17. INFORMANT Address: Mrs. Imogene Young, Parma, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Decompensation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) hypertension and age
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 13, 1958 to Jan 31, 1959 and last saw her/him alive on Jan 29, 1959
Death occurred at 5:00 a m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE Dr. Geo W Dusted MD (Degree or title)
22b. ADDRESS Parma, Mo
22c. DATE SIGNED 1/31/59

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE Feb 1, 1959
23c. NAME OF CEMETERY OR CREMATORY West Lawn Cem
23d. LOCATION (City, town, or county) Jonesboro (State) Ark

24. FUNERAL DIRECTOR Gregg J. Horne ADDRESS Jonesboro, Ark
25. DATE RECD. BY LOCAL REG. Jan. 31, 1959
26. REGISTRAR'S SIGNATURE Dr. Geo W Dusted MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

NEW MADRID CO. HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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.