

# DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

60-006271

822

STATE FILE NUMBER

Registration District No. 148 Primary Registration District No. 1002 Registrar's No. 822

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>20 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital #1</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1331 E 10th</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Frances</b> Middle <b>Forbis</b> Last <b>Forbis</b>				4. DATE OF DEATH Month <b>2</b> Day <b>6</b> Year <b>60</b>									
5. SEX <b>female</b>		6. COLOR OR RACE <b>Negro</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5-11-1915</b>		9. AGE (last birthday) <b>44</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day Work</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Private Family</b>		11. BIRTHPLACE (City and state or country) <b>Columbia, Missouri</b>				12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Porter Sherman (d)</b>				13b. MOTHER'S MAIDEN NAME <b>Beulah Givens(d)</b>				14. NAME OF HUSBAND OR WIFE <b>(d)</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT <b>Robt. Jackson 2127 Flora</b> Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive cardio-vascular disease</b>										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____											
		DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m.		Month, Day, Year											
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 <b>1-27-1960</b> to <b>2-6-1960</b> and last saw her <sup>her</sup> <del>him</del> alive on <b>2-6-60</b> Death occurred at <b>1:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>H. H. Sawyer</i> (Degree or title) <b>M.D.</b>						22b. ADDRESS <b>2100 Cherry-K.C. Missouri</b>			22c. DATE SIGNED <b>2-8-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)					
<b>Removal</b>		<b>2-14-1960</b>		<b>CALOERY Cemetery</b>				<b>Columbia, Mo</b>					
24. FUNERAL DIRECTOR <b>Mrs. Stuart Porter</b> ADDRESS <b>Columbia</b>				25. DATE RECD. BY LOCAL REG. <b>2-11-60</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. Sawyer

65-22-37

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ch. Davis

Licensed Embalmer No. 4417

P. O. Address W. E. 201

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.