URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-027526

FILED VS JUL 20 1960

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 90

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b: 7 Mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Troy Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 2 Mi. West of Troy MO. — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: ANNA Middle: MARY Last: FORBECK

4. DATE OF DEATH: Month: June Day: 29, Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 10, 1882
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months 0 Days 19 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: at H ome
11. BIRTHPLACE (City and state or country): Old Monroe MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Anton Forbeck
13b. MOTHER'S MAIDEN NAME: Framces Weulner
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Ynknown
17. INFORMANT: Frances Niggermier Address: Troy 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): C. A. of Colon w. Metastasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

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. ☐ Yes ☐ No ☐ Unknown

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 Apr. 1 1959, to June 29, 1960 and last saw her/him alive on June 27-60
Death occurred at 7.15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. L. Kelley DO.
22b. ADDRESS: Troy Mo.
22c. DATE SIGNED: 7-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 1, 1960
23c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception Cem.
23d. LOCATION (City, town, or county) (State): Lincoln County MO.

24. FUNERAL DIRECTOR ADDRESS: D. W. McCoy Troy Mo
25. DATE RECD. BY LOCAL REG.: 7-12-60
26. REGISTRAR'S SIGNATURE: Charlotte Leak per J. Shefer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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_____ Signed D F W McCoy

Signature of Student Embalmer

Licensed Embalmer No. 358

P. O. Address Troy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.