

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-012924

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 115

FILED MAR 26 1963

VS 300
Rev. 4/59

1 0941
2 0940
3
4 0
5 1
6
7 0
8 2
9 260XH

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b <u>10 day's</u>	c. CITY OR TOWN <u>Desloge</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>N. 7th. St.</u>
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Amps</u> Last <u>Forshee</u>		4. DATE OF DEATH Month <u>March</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 1, 1887 - 76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mines</u>	11. BIRTHPLACE (City and state or country) <u>Desloge, Missouri</u>
13a. FATHER'S NAME <u>Joseph R. Forshee</u>		14. NAME OF HUSBAND OR WIFE <u>Edith (Helma) Forshee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. I.</u>		17. INFORMANT Address <u>Harold McIntyre, Desloge, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>lobar pneumonia</u>			<u>2 wks</u>
DUE TO (b) <u>arteriosclerotic heart disease</u>			<u>2-3 yrs.</u>
DUE TO (c) <u>diabetes mellitus</u>			<u>2-3 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of prostate 2 yrs</u>			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 PERFECT? YES <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 <u>3:30</u> s.m. <u>A</u> p.m.	Month, Day, Year <u>1961</u> to <u>March 18 63</u>	and last saw him alive on <u>March 17, 1963</u>	
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 <u>1961</u> to <u>March 18 63</u> and last saw him alive on <u>March 17, 1963</u>		Death occurred at <u>3:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>MS</u>		22b. ADDRESS <u>Desloge, Mo</u>	22c. DATE SIGNED <u>3-19-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 20, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>St. Francois Co., Mo.</u>
24. FUNERAL DIRECTOR <u>C.Z. Boyer & Son,</u> ADDRESS <u>Desloge, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>March 19, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Evelyn Rudloff</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAR 27 1963

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 R. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Missouri

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.