

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-027449

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1279

STATE FILE NUMBER

FILED JUL 28 1965

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
Rev. 4/59		
1 <u>0397</u>		
2 <u>0397</u>		
3		
4 <u>1</u>		
5 <u>2</u>		
6		
7 <u>0</u>		
8 <u>2</u>		
9 <u>331X</u>		
10		
11		
12 <u>90-0</u>		
13		
	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY GREENE		a. STATE MISSOURI		b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 3 YEARS		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 427 S. MAIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 427 S. MAIN	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCES DELILAH FORGEY		4. DATE OF DEATH Month Day Year JULY 23, 1965			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/28/76	9. AGE (last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) MOUNTAIN, MO.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME HENRY SCHELL		13b. MOTHER'S MAIDEN NAME POLLY SCOTT	
14. NAME OF HUSBAND OR WIFE CHARLIE FORGEY		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. UNKNOWN		17. INFORMANT Address MRS. EDNA CALLIS; 427 S. MAIN			
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 Accident					INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis Generalized					
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 checked="" 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 <u>1963</u> , to <u>7-23-65</u> and last saw her ^{her} alive on <u>May 26, 1965</u> . Death occurred at <u>12:30</u> A.m. on the date stated above, and to the best of my knowledge from the causes stated.					
22. SIGNATURE (Degree or title) <i>J. M. Wakeman, MD</i>			22b. ADDRESS SPRINGFIELD, MISSOURI		22c. DATE SIGNED 7-23-65
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/25/65	23c. NAME OF CEMETERY OR CREMATORY ANTIOCH CEMETERY		23d. LOCATION (City, town, or county) (State) SELIGMAN, MISSOURI	
24. FUNERAL DIRECTOR AYRE-GOODWIN		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 7/26/65	26. REGISTRAR'S SIGNATURE <i>Dennis Kelley</i>

USE BLACK INK OR TYPEWRITER RIBBON

10-10-1918
10-10-1918

STATE OF MISSOURI
DEPARTMENT OF HEALTH

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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 George O. Kerby

Licensed Embalmer No. 4752

P. O. Address Springfield Mo

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.