

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4627

BIRTH NO. _____		REG. DIST. NO. 121		PRIMARY REG. DIST. NO. 5457		Registrar's No. 13			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cass township</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cass township</u>		d. STREET ADDRESS (If rural, give location) <u>Walnut Grove Mo R2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walnut Grove Mo R2</u>				d. STREET ADDRESS (If rural, give location) <u>Walnut Grove Mo R2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George Thomas</u> b. (Middle) <u>Forshee</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-49</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-14-1881</u>			
9. AGE (In years last birthday) <u>67</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>11</u>		11. BIRTHPLACE (State or foreign country) <u>Greene County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain & Stock Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Greene County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>John Wesley Forshee</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Woodrow</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Cobbe Forshee</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>ACL</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alma Forshee</u> ADDRESS <u>Walnut Grove Mo R2</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>sun shot wound of head,</u> <u>brain trauma</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>sun shot wound of head,</u> <u>brain trauma</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5-19</u> <u>5-9</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>of arm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cane Springs Greene Mo. 39</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-25-49 1:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidental discharge from 22 caliber rifle</u>					
I hereby certify that I attended the deceased from <u>1:30 p.m.</u> on <u>2-25</u> , 19 <u>49</u> , and that death occurred at <u>1:30 p.m.</u> , on <u>2-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-25</u> , 19 <u>49</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edie B. Bibbatt, M.D.</u>				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>2-25-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rosokill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>North of Willard Mo</u>			
DATE REC'D BY LOCAL REG. <u>2/26/49</u>		REGISTRAR'S SIGNATURE <u>Drew R. Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Brim</u>		ADDRESS <u>Walnut Grove Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 18-3-49

Date Filed 3-2-49

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.

Signed Chas. D. Noble

Signed _____
Student Embalmer

Licensed Embalmer No. 4005

P. O. Address 225 Ave 1010

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 this body is not embalmed, fact should be so stated above.