

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23206

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>164</u>		
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		12/		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital - Clinton</u>				d. STREET ADDRESS (If rural, give location) <u>2</u>				
3. NAME OF DECEASED a. (First) <u>Andrew</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Forsyth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1949</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>April 8 1869</u>		
9. AGE (In years last birthday) <u>80</u>		10. 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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Creston Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert W Forsyth</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Rebecca Gaddin</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Maicelle Lee</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie M Forsyth</u> ADDRESS <u>Creston Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Secondary anemia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>diverticulitis of the sigmoid</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5721</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Feb. 8</u> , 1949, to <u>July 9</u> , 1949, that I last saw the deceased alive on <u>July 9</u> , 1949, and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>Jessie M Forsyth</u>				23b. ADDRESS <u>Clinton, Missouri</u>		23c. DATE SIGNED <u>July 9, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Creston Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 10-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Arnold</u>		ADDRESS <u>Creston Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 7,  
District File Number 6-49-855  
Date Filed 7-18-49

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.

Student .....  
Student Embalmer

Signed Hobart Arnold

Licensed Embalmer No. 3621

P. O. Address Craigton, 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 this body is not embalmed, fact should be so stated above.