

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24418

State File No.

FILED JUL 19 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>154</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth's Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marquess Lewis Forsythe</u>			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>7-9-1949</u>		
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1/23/1861</u>		9. AGE (in years last birthday) <u>88</u>	if UNDER 1 YEAR	if UNDER 1 YEAR
					Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gusy Mcembe</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara</u>		14. NAME OF HUSBAND OR WIFE <u>John Forsythe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Forsythe</u> ADDRESS <u>6819 Colorado</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of left hip</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-renal-Vasculardisease 12 yrs</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>69045</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, etc.) <u>street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Madison Monroe MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 29 1949 7:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell</u>		<u>69</u>	
22. I hereby certify that I attended the deceased from <u>June 29, 1949</u> , to <u>July 9, 1949</u> , that I last saw the deceased alive on <u>July 9, 1949</u> , and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.R. Turner, D.O.</u>				23b. ADDRESS <u>Madison, Mo</u>		23c. DATE SIGNED <u>7/9/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 11 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Elizabeth's</u>		24d. LOCATION (City, town, or county) (State) <u>Madison MO</u>	
DATE REC'D BY LOCAL REG. <u>7-11-49</u>		REGISTRAR'S SIGNATURE <u>Paul Bell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Fred A. Thompson</u>		ADDRESS <u>Madison MO</u>	

JUL 19 1949
JUL 29 1949

RECEIVED JUL 18 1949
District Health Officer
District File Number 2-49
Date Filed JUL 18 1949

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 Mrs Paul G. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Wis

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.