

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hulen Convalescent Home</u>		d. STREET ADDRESS (If rural, give location) <u>x x 714 Fay St</u>	

3. NAME OF DECEASED (Type or Print) <u>ANNIE E. FORSEE</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 30 1862</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>87 11 8</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>	11. BIRTHPLACE (State or foreign country) <u>Boone Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Nevins</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Chas Edw Forsee "Dead"</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Forsee</u> ADDRESS <u>Mexico Mo</u>
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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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH. <u>few minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease many years</u> DUE TO (c) <u>Generalized arteriosclerosis many years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive Heart failure 6 wks</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? -- YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Centralia Boone Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>
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22. I hereby certify that I attended the deceased from Dec 5, 1949, to Jan 8th, 1950, that I last saw the deceased alive on Jan 4, 1950, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P J Edmondson M.D.</u>	23b. ADDRESS <u>101 W. Singleton, Centralia</u>	23c. DATE SIGNED <u>Jan 13, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 13-1950</u>	REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. POWERS</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

100  
4

FEB 7 1950

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District File Number

District Health Officer No. 9,

RECEIVED  
JAN 16 1950

**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, ~~and~~-----

Student Embalmer No. -----

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Ernest J. Spunk*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, S.C.*

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.