

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1392

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
c. LENGTH OF STAY (In this place) <b>2 wks</b>		d. STREET ADDRESS (If rural, give location) <b>2700 Norwood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leon</b>	b. (Middle)	c. (Last) <b>Forgey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 29, 1951</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 29, 1908</b>	9. AGE (In years last birthday) <b>42</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>meter reader</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>KC, Power &amp; Light Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Albert L. Forgey</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret I. Lynch</b>	14. NAME OF HUSBAND OR WIFE <b>Gladys E. Forgey</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>487-01-0683</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Gladys E. Forgey</b>	ADDRESS <b>Independence Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Insufficiency with myocardial infarction.</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic atherosclerosis malignant - hypertensive &amp; Uremia</b>		
	DUE TO (c) <b>Terminal Hypostatic Pneumonia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 13, 1951, to Jan 29, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold V Woods M.D.</b>	23b. ADDRESS <b>Independence Mo</b>	23c. DATE SIGNED <b>Jan 30, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-30-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 30-1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	354	FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Independence, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 8 1959

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 *Harold E. Koedel*.....

Licensed Embalmer No. *4609*.....

P. O. Address *Independence, 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.