

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20019**

FILED JUL 7 - 1951

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Ascadia</u>		c. LENGTH OF STAY (in this place) <u>Apr. 10 mo 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Ascadia</u>		0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for aged Baptists</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi East on Highway 70</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Murtis</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Forshee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 14, 1869</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>11</u>		IF UNDER 2 HRS. Hours <u>11</u> Min. _____			
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>her home</u>		11. BIRTHPLACE (State or foreign country) <u>Ashland Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Nathan Biggs</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Martin</u>		14. NAME OF HUSBAND OR WIFE <u>J. C. Forshee</u>			
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Judith Burney, Ironton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal bronchial pneumonia</u> ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>influenza</u> DUE TO (c) <u>Cerebral hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 week</u> <u>1 month</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				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>4-26-51</u> , 19 <u> </u> , to <u>6-25-51</u> , 19 <u> </u> , that I last saw the deceased alive on <u>6-25-51</u> , 19 <u> </u> , and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Jarland</u> (Degree or title) <u>med.</u>				23b. ADDRESS <u>Ironton, Missouri</u>		23c. DATE SIGNED <u>6-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 27, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Ashland, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton, Mo.</u>		ADDRESS <u>Ironton, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 6 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *Lyle H. White*

Licensed Embalmer No. *4295*

P. O. Address *Proctor, 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.