

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22292

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>619</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Springfield</u>		c. LENGTH OF STAY (in this place) township: _____		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Clever</u>		<u>0220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>716 S. Fort</u>				d. STREET ADDRESS (If rural, give location) <u>Clever</u>			
3. NAME OF DECEASED (Type or Print) <u>Bertha</u>		a. (First)		b. (Middle)		c. (Last) <u>Forbis</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 17 1890</u>		9. AGE (In years last birthday) <u>61</u>		10. MONTHS <u>61</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
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>In Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W.W. McReynolds</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mechain</u>		14. NAME OF HUSBAND OR WIFE <u>W. J. We Forbis</u>			
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 ADDRESS <u>Andrew Forbis El Dorado Springs, Ar</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>Gastrointestinal hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Granulosa cell carcinoma with metasasis</u> DUE TO (c) _____  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>unknown</u>	
19a. DATE OF OPERATION <u>6/15/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Granulosa cell carcinoma with metasasis</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) <u>151X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>June 5</u> , 19 <u>51</u> , to <u>July 17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 17</u> , 19 <u>51</u> , and that death occurred at <u>4:00pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. Richard Webb Jr.</u>				23b. ADDRESS <u>Springfield, Mo. 609 Cherry St.</u>		23c. DATE SIGNED <u>7/19/51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>July 19 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>Clever Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-19-51</u>		REGISTRAR'S SIGNATURE <u>W E Handly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner &amp; Co. Springfield</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1396

AUG 10 1957

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address ~~1234~~ Spgs

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.