

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4976

State File No.

853

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson 3320

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri 0

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

d. STREET ADDRESS (If rural, give location) -1819 Paseo 32

3. NAME OF DECEASED
a. (First) Audrey b. (Middle) _____ c. (Last) Forshee

4. DATE OF DEATH (Month) (Day) (Year)
2 21 52

5. SEX 3
Female

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH 3-1-10

9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs.: Days) (Hours) (Min.)
41

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Kansas City, Missouri 0

12. CITIZEN OF WHAT COUNTRY?
America

13a. FATHER'S NAME
Robert Wilson

13b. MOTHER'S MAIDEN NAME
Hattie Mack

14. NAME OF HUSBAND OR WIFE
Andy Forshee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
-

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Andy Forshee 1819 Paseo

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) Carcinoma of the cervix with extension to the bladder
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilateral hydronephrosis
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
17 1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15-51, 19 , to 2-21-52, 19 , that I last saw the deceased alive on 2-21-52 and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR [Signature] (Degree or title) MD

23b. ADDRESS
600 East 22nd Street

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
4-2-52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)
Sedalia Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
2-23-52 [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
[Signature] 1212 Vine

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *E. Sterling Biles*

Licensed Embalmer No. *3178*

P. O. Address *1212 vinyl*

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.