

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27154**

**1952** AUG 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5120** Registrar's No. **219**

1. PLACE OF DEATH a. COUNTY <b>BOONE</b> <i>0100</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BOONE</b> <i>0100</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COLUMBIA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COLUMBIA</b> <i>0</i>	
c. LENGTH OF STAY (In this place) <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE 6</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>XX ROUTE #6</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JEFF</b>	b. (Middle) <b>A.</b>	c. (Last) <b>FORBIS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 12, 1952</b>
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5. SEX <b>MALE</b> <i>0</i>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEBY 4 1861</b>	9. AGE (In years last birthday) <b>91</b>	If UNDER 1 YEAR Months <b>6</b> Days <b>8</b>	If UNDER 12 HRS. Hours <b>8</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		11. BIRTHPLACE (State or foreign country) <b>BOONE COUNTY MO</b> <i>0</i>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>JAMES FORBIS</b>	13b. MOTHER'S MAIDEN NAME <b>JOYCE HUDSON</b>	14. NAME OF HUSBAND OR WIFE <b>ADA LEE O'NEAL FORBIS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ADA LEE FORBIS R.6 COLUMBIA MO</b>	ADDRESS <b>COLUMBIA 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 <b>151X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____	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 **1945**, 19\_\_\_\_, to **Aug-12, 1952**, that I last saw the deceased alive on **Aug-11, 1952**, and that death occurred at **3:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>F.C. Suggs, M.D.</b>	23b. ADDRESS <b>Columbia, Mo</b>	23c. DATE SIGNED <b>8-13-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG 14 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>COLUMBIA MO</b>
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DATE REC'D BY LOCAL REG. <b>Aug 13 1952</b>	REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. O. Street</b>	ADDRESS <b>Columbia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Suggs

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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, Wm. J. Sparkle

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed Wm. J. Sparkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.