

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31619**
3869

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

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (In this place) <u>66 yrs</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3740 PASEO</u> | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>3740 PASEO</u> | |

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|---|---------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>P</u> Preston c. (Last) <u>Forsee</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 30 52</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>SEPT 8 1862</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired LAWYER</u> | | 9b. KIND OF BUSINESS/OR INDUSTRY | 9. AGE (In years last birthday) <u>89</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired LAWYER</u> | | 10b. KIND OF BUSINESS/OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Ky.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | | | |

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|---|--|--|
| 13a. FATHER'S NAME <u>SAMUEL S. FORSEE</u> | 13b. MOTHER'S MAIDEN NAME <u>HILDA DE HONEY</u> | 14. NAME OF HUSBAND OR WIFE <u>MARGARET FORSEE dec.</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>PRESTON FORSEE</u> ADDRESS <u>3740 PASEO K.C.</u> |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> | | <u>6 years +</u> <u>6 years +</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>332X</u> | |

| | | |
|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 Sept 9, 1946, to Aug. 30, 1952, that I last saw the deceased alive on Aug 30, 1952, and that death occurred at 9:45 P m., from the causes and on the date stated above.

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|---|--|---|
| 23a. SIGNATURE <u>Herbert Shuey</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>3903 Brooklyn</u> | 23c. DATE SIGNED <u>9-1-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/2/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE - McCIURE</u> ADDRESS <u>K.C. MO</u> | |
| DATE REC'D BY LOCAL REG. <u>9-2-52</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | |

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed... *Eugene Kennon*

Licensed Embalmer No. *4633*

P. O. Address *K. C. 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.