

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44504

State File No. \_\_\_\_\_

5685

FILED JAN 17 1953

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

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

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 OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>32 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4032 VIRGINIA AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LUKE'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugh</u> b. (Middle) <u>NONE</u> c. (Last) <u>FORSYTHE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 25-1952</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT-9-1878</u>		9. AGE (In years last birthday) <u>74</u> # ODDER 1 YEAR Months   Days # ODDER IN HRS. Hours   Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE-SMITH</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GRIEVES PRINTING</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
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13a. FATHER'S NAME <u>Hugh Forsyth</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MASON</u>			14. NAME OF HUSBAND OR WIFE <u>GRACE L. FORSYTH</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If you, give war or date of service) <u>486-01-1295A</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Dorothy Schwartz 8808 Incaquois Trail Kansas City, Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arterial Insufficiency</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						Indef.	
		DUE TO (c)						<u>4301</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastatic Squamous Cell Ca of Neck</u>						<u>1 1/2 yrs.</u>	

19a. DATE OF OPERATION <u>12-22-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rhinotomy By Dr. Robert Forsythe</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 7-23, 1951 to 12-25, 1952, that I last saw the deceased alive on 12-24, 1952 and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Terry E. Lilly Jr</u> (Print name or title)			23b. ADDRESS <u>918 Acyale Bldg. Kansas City Mo</u>			23c. DATE SIGNED <u>12-26-52</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec-27-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>mt. moriah</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE RECD BY LOCAL REG. <u>12-27-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>1031 BRUSH CREEK Old Newcomer's Sons Kansas City Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

3:30.6  
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~~FILED~~

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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, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed John B. Lewis

Licensed Embalmer No. 4825

P. O. Address KC 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.