

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35345

FILED NOV 13 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>112</u>			
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		6001 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>118 S main</u>				d. STREET ADDRESS (If rural, give location) <u>118 S. main st.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u>			b. (Middle) <u>G.</u>		c. (Last) <u>FORUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8-1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 27-1877</u>			
9. AGE (In years last birthday) <u>76</u>		# UNDER 1 YEAR (Months) <u>4</u>		# UNDER 24 HRS (Hours) <u>11</u>		# UNDER 24 HRS (Mins.)			
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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13. FATHER'S NAME <u>J. Y. Mc Dowell</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Pleasant</u>			14. NAME OF HUSBAND OR WIFE <u>Wm. Reed Forum</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 <u>Hazel Foley Liberty MO</u>			ADDRESS	
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>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>					
				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		19b. MAJOR FINDINGS OF OPERATION <u>331X</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)					
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>Nov 5, 1953</u> , to <u>Nov 7, 1953</u> , that I last saw the deceased alive on <u>Nov 7, 1953</u> , and that death occurred at <u>2:30 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. Goodson</u> (Degree or title)				23b. ADDRESS <u>Liberty MO</u>				23c. DATE SIGNED <u>11/9/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>L.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Smithville MO</u>			
DATE REC'D BY LOCAL REG. <u>Nov 12, 1953</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham</u> 491				25. FUNERAL DIRECTOR'S SIGNATURE <u>Panzer-Crews Co. Liberty MO</u> ADDRESS			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 2 PERMANENT RECORDS

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 Harold H. Smith

Licensed Embalmer No. 4575

P. O. Address Liberity, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.