

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37975

State File No.

FILED NOV 10 1953

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6098 Registrar's No. 50

0980

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

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>		
b. CITY OR TOWN <u>LANCASTER, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>LANCASTER</u>		0980
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>Schuyler County</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>CLAYTON</u> c. (Last) <u>FORSYTHE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 19, 1892</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>DAVIS County - IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>ORVILLE Forsythe</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Forsythe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-12-7344</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Forsythe - Lancaster</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Myocardial Degeneration</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</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)		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>Oct 30, 1952</u> to <u>Oct 30, 1953</u> , that I last saw the deceased alive on <u>Oct 2, 1952</u> , and that death occurred at <u>12:30 p.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. A. J. Drake</u>		23b. ADDRESS <u>Mo. 2 Lancaster Mo.</u>		23c. DATE SIGNED <u>11-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/1/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arnie Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>LANCASTER MO.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 9 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. J. Drake</u>		35370	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ernie W. ... Lancaster, MO</u>	

DEC 2 1953
DEC 8 1953

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.