

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3842**

BIRTHDAY **FILED FEB 17 1954** REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE <i>700</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION KIRKSVILLE OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location) 9404 E. 15TH ST	

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) A.	c. (Last) FORMAN	4. DATE OF DEATH (Month) (Day) (Year) FEB 12 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV 7 1907	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 3 Days 5	IF UNDER 24 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY WIRE DRAWER AT WIRE COMPANY	11. BIRTHPLACE (State or foreign country) KELLOGG, IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES T. FORMAN	13b. MOTHER'S MAIDEN NAME EDITH GREEN	14. NAME OF HUSBAND OR WIFE BERNICE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-09-4215	17. INFORMANT'S SIGNATURE OR NAME Riley L. Forman	ADDRESS La Plata Mo.
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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) Transition		INTERVAL BETWEEN ONSET AND DEATH 27 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Generalized Carcinomatosis January date unknown. Thought to be lymphosarcoma of abdomen		27 months
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1991		

18b. DATE OF OPERATION 12-20-54	19b. MAJOR FINDINGS OF OPERATION caroccal node showed malignancy of uncertain histological type	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)
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 **2-15, 1953** to **2-12, 1954**; that I last saw the deceased alive on **2-12, 1954**, and that death occurred at **11:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) DO	23b. ADDRESS Berksville Mo.	23c. DATE SIGNED 2-12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 14, 1954	24c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	24d. LOCATION (City, town, or county) (State) LA PLATA MACON CO. MO.
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DATE REC'D BY LOCAL REG. 2-16-54	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE (Address) W. W. Wilcox La Plata Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 25

APR 18 1954

VS APR 5 1960

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 *Kenneth M. Wilson*

Licensed Embalmer No. *H 701*

P. O. Address *La Plata Md*

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.