No. 300
10.48

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

FILED MAR 16 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9836

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 63

940 / 1

**1. PLACE OF DEATH**
a. COUNTY: ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL RANDOLPH
c. LENGTH OF STAY (in this place): 50 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): IRONDALE R.F.D #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL RANDOLPH 0940 0
d. STREET ADDRESS (If rural, give location): IRONDALE R.F.D. #1

**3. NAME OF DECEASED** (Type or Print)
a. (First): DELPHIA
b. (Middle): ELIZABETH
c. (Last): FORSHEE

**4. DATE OF DEATH** (Month) (Day) (Year): MARCH 9, 1954

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: MAY 19, 1882
**9. AGE** (In years last birthday): 71 — If under 1 year: Months 9, Days 20 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEWIFE
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): REYNOLDS COUNTY, MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: THOMAS PARMER
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR WIFE**: RICHARD FORSHEE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: RICHARD FORSHEE — ADDRESS: IRONDALE R.F.D #1, Mo.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Atero Sclerosis
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**: 331X
**20. AUTOPSY?** YES ☐ NO ☑

**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): ~~March 9 1954~~ Jan
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* March 9, 1954 *that I last saw the deceased alive on* March 9, 1954, *and that death occurred at* 8 a m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Geo W Huffman MD
**23b. ADDRESS**: Bismarck Mo
**23c. DATE SIGNED**: 3-9-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 3/11/54
**24c. NAME OF CEMETERY OR CREMATORY**: BIG RIVER CEMETERY
**24d. LOCATION** (City, town, or county) (State): IRONDALE, Mo.

**DATE REC'D BY LOCAL REG.**: Mar 9, 1954
**REGISTRAR'S SIGNATURE**: Esther Rudloff 289-0
**25. FUNERAL DIRECTOR'S SIGNATURE** — **ADDRESS**: BERT L. BOYER LEADWOOD, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 8 19

## 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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.