No. 300
10.48

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11212

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 8

0100

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cedar
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Columbia Mo RFD 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cedar 0100
d. STREET ADDRESS (If rural, give location): Columbia Mo RFD 4

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): Glen
c. (Last): Forsee

4. DATE OF DEATH (Month) (Day) (Year): April 7 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 21 1881
9. AGE (In years last birthday): 72 — If under 1 year: Months 3, Days 6 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James Forsee
13b. MOTHER'S MAIDEN NAME: Virginia Berry
14. NAME OF HUSBAND OR WIFE: Edna Forsee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): –
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: –
17. INFORMANT'S SIGNATURE OR NAME: Edna Forsee — ADDRESS: Columbia Mo RFD 4

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) Coronary Thrombosis — 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) Essential Hypertension
DUE TO (c) Atherosclerosis

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
4201
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) m.
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* 4/5, 1954, *to* 4/7, 1954, *that I last saw the deceased alive on* 4/5, 1954, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Steffan D.O.
23b. ADDRESS: Ashland Mo.
23c. DATE SIGNED: 4/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 9, 1954
24c. NAME OF CEMETERY OR CREMATORY: New Salem Cemt
24d. LOCATION (City, town, or county) (State): Ashland Mo

DATE REC'D BY LOCAL REG.: 4/7/54
REGISTRAR'S SIGNATURE: Mrs Mildred Burnett
25. FUNERAL DIRECTOR'S SIGNATURE: Wm C. Burnett — ADDRESS: Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Wm C. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland 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.