

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15652**

FILED JUN 7 1954

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **4218** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> c. LENGTH OF STAY (If this place) <u>2 hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Jail</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Twp</u> d. STREET ADDRESS (If rural, give location) <u>RFD 3 Windsor</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>G ROVER</u> b. (Middle) <u>E</u> c. (Last) <u>FORTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>			
8. DATE OF BIRTH <u>May 19 1914</u>		9. AGE (In years last birthday) <u>40</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>			10b. KIND OF BUSINESS OR INDUSTRY				
11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Everett H. FORTH</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Buckley</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>		16. SOCIAL SECURITY NO. <u>554 36 9974</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett H FORTH Windsor, Mo</u>			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inhalation of snake & fumes</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>2nd & 3rd degree burns</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>15 min</u> <u>30 min</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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) <u>042</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. C. Sunderwirth P.O.</u>				23b. ADDRESS <u>105 E Ohio Clinton, Mo</u>			
23c. DATE SIGNED <u>6-1-54</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-1-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hastain Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Benton Co. Missouri</u>							
DATE REC'D BY LOCAL REG. <u>June 1-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u>			
ADDRESS <u>Windsor, Mo.</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300-10.48

2001 11 NOV

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 M. Turner

Licensed Embalmer No. *4648*

P. O. Address *Thunders, 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.