

FILED JUN 15 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **17632**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4496** Registrar's No. **27**

201

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

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Shelbyville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Shelbyville</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>Marion</b>	c. (Last) <b>Forman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 30 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov 27 - 1877</b>	9. AGE (In years last birthday) <b>76</b>	if UNDER 1 YEAR Days <b>5</b>	if UNDER 1 YEAR Days <b>12</b>	if UNDER 1 HRS. Hours <b></b>	if UNDER 1 HRS. Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>grocery business</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</b>	11. BIRTHPLACE (State or foreign country) <b>Shelby County Mo 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Arnon Forman</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Copenhagen</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Forman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E. M. Danzell</b>	ADDRESS <b>Shelbyville Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Accident probably embolic</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None known</b> 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 <b>331X</b>	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)
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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?
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22. I hereby certify that I attended the deceased from **June 20, 1954** to **June 30, 1954**, that I last saw the deceased alive on **June 30, 1954**, and that death occurred at **12:10 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. G. Archer M.D.</b>	(Degree or title)	23b. ADDRESS <b>Shelbyville Mo</b>	23c. DATE SIGNED <b>June 3-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 2-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>D.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbyville Mo</b>
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DATE REC'D BY LOCAL REG. <b>6-8-54</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	419	25. FUNERAL DIRECTOR'S SIGNATURE <b>E.P. Thompson</b>	ADDRESS <b>Shelbyville Mo</b>
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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.....

..... Myself .....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed E. P. Thompson .....

Licensed Embalmer No. 1632 .....

P. O. Address Shelbyville 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.