

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 6 1954

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>306</u>		PRIMARY REG. DIST. NO. <u>6048</u>		Registrar's No. <u>48</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'Fallon</u>		c. LENGTH OF STAY (in this place) -----		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'Fallon</u>		0920			
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				d. STREET ADDRESS (If rural, give location) -----					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Forbeck</u>			
				4. DATE OF DEATH		(Month) (Day) (Year) <u>6-25-54</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>(Specify)</u>		8. DATE OF BIRTH <u>March 3 1891</u>			
						9. AGE (In years last birthday) <u>63</u>			
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>			
						11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Mo.</u>			
						12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Anton Forbeck</u>			13b. MOTHER'S MAIDEN NAME <u>Wilner</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Forbeck</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-30-6347</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Forbeck O'Fallon Mo.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u>					
				DUE TO (c) <u>with metastasis to liver</u>					
				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 <u>151X</u>				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)					
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 <u>Jan 4, 1954</u> , to <u>June 25, 1954</u> , that I last saw the deceased alive on <u>June 22, 1954</u> , and that death occurred at <u>0:30 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Hazel A. Mangard DoT</u>				23b. ADDRESS <u>O'Fallon Mo</u>		23c. DATE SIGNED <u>6-26-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Old Monroe Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-27-54</u>		REGISTRAR'S SIGNATURE <u>E. A. Keithly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. Keithly</u>		ADDRESS <u>O'Fallon Mo.</u>			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. Keithly

Signed.....
Student Embalmer

Licensed Embalmer No..... 822

P. O. Address..... O'Fallon 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.