

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21772

State File No.

No. 300
10.48

FILED JUN 21 1954

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6197 Registrar's No. 42

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|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Shelby</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Shelbyville, Rural</u>) | c. LENGTH OF STAY (in this place) <u>1 year</u> | c. CITY OR TOWN <u>Shelbyville</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | STREET ADDRESS (If rural, give location) <u>Rural Tiger Fork Township</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Forman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 11th 1954</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 3rd 1870</u> | | 9. AGE (to years last birthday) <u>84</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>8</u> IF UNDER 11 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Henry G Miller</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Susan Collier</u> | 14. NAME OF HUSBAND OR WIFE <u>Amos Forman</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Flora B Waddell</u> ADDRESS <u>Shelbyville Mo</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congested heart failure</u> | | | <u>7 days</u> |
| * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES | | |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) <u>Nycazditis</u> | | <u>5 years</u> |
| | DUE TO (c) <u>Nephritis</u> | | <u>5 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile + Arteriosclerosis</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 June 4, 1954, to June 11, 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at 3 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Howard H. Dutton D.O.</u> | 23b. ADDRESS <u>Bethel Mo.</u> | 23c. DATE SIGNED <u>June 14-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-14-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Prairie</u> | 24d. LOCATION (City, town, or county) (State) <u>Shelby Co Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>6-15-54</u> | REGISTRAR'S SIGNATURE <u>Ada Garrison</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Barkeley & Hawkins</u> ADDRESS <u>Shelbina 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Henry G. Barkley*.....
Licensed Embalmer No. *383*.....

P. O. Address *Shelburne*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.