

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31197  
79

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give town) Anderson		c. CITY OR TOWN Anderson		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) Route 3			
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) a. (First) Noah		b. (Middle) Daniel		c. (Last) Forcum		4. DATE OF DEATH (Month) (Day) (Year) October 1, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH October 18, 1883	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 11		IF UNDER 24 HRS. Days 23		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Jessie Allen Forcum		13b. MOTHER'S MAIDEN NAME Armina Rhodes		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bert Forcum Anderson, Missouri.	

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 2 da
	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Influenza		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 481X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 Oct 1, 1954 to Oct 1, 1954 that I last saw the deceased alive on Oct 1, 1954 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE L. B. Brink		(Degree or title) of		23b. ADDRESS H. P. Anderson		23c. DATE SIGNED Oct 4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/3/54		24c. NAME OF CEMETERY OR CREMATORY Tracy Cemetery		24d. LOCATION (City, town, or county) (State) 6 miles east of Anderson	

DATE REC'D BY LOCAL REG. 10-5-54		REGISTRAR'S SIGNATURE Mayer Humphrey		413		FUNERAL DIRECTOR'S SIGNATURE Papp Funeral Home		ADDRESS Anderson,	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0600

OCT 18 1951

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 *Carl Fapp*

Licensed Embalmer No. *3458*

P. O. Address *Anderson,*

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.