

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37736**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **200** Registrar's No. **564**

1. PLACE OF DEATH a. COUNTY JAS PER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN JOPLIN
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2301 PENNSYLVANIA		STREET ADDRESS (If rural, give location) 301 SCHIFFERDECKER	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) J c. (Last) FORBES	4. DATE OF DEATH (Month) NOV (Day) 22 (Year) 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 9-1862	9. AGE (In years, Months, Days) 92	10. USUAL OCCUPATION (Give kind of work or nature of working life, if retired) DRUGGIST	10b. KIND OF BUSINESS OR INDUSTRY RETAIL	11. BIRTHPLACE (City and State or Foreign Country) STONE CO. MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM FORBES	13b. MOTHER'S MAIDEN NAME JULIA GROVER	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes give year or dated service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME N.G. FORBES BAXTER SPRING	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis (heart disease & arteriosclerosis (general))		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Hypertension			

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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **11-17**, 19**54**, to **11-22**, 19**54**, that I last saw the deceased alive on **11-11**, 19**54**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE G. A. Schulte	(Degree or title) D.	23b. ADDRESS 421 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 11/26/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV 24-1954	24c. NAME OF CEMETERY OR CREMATORY OZARK MEM CEM	24d. LOCATION (City, town, or county) (State) JOPLIN- MISSOURI
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DATE REC'D BY LOCAL REG. 11-29-54	REGISTRAR'S SIGNATURE by soloilo Lemphins	25. FUNERAL DIRECTOR'S SIGNATURE HURIBUT GLOVER	ADDRESS JOPLIN
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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 *Richard Gray Law*

Licensed Embalmer No. *4440*
P. O. Address *W. Sebb*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.