

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21443**BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **108**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) Hannemann Twp		c. CITY OR TOWN Creighton	
c. LENGTH OF STAY (in the place) Life		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		e. STREET ADDRESS (If rural, give location) 0190	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Forsyth c. (Last) Forsyth			4. DATE OF DEATH (Month) (Day) (Year) 7. 28. 1955		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED 2	8. DATE OF BIRTH July 18 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Creighton Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME James A. McCoy		13b. MOTHER'S MAIDEN NAME Mary E. Maller		NAME OF HUSBAND OR WIFE Leonard W. Forsyth	
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14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		15. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lena Forsyth		ADDRESS Creighton Mo	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH Sudden	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE					
		DUE TO (c) PERNICIOUS ANEMIA					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION 1200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Creighton MO	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2:30 P.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 **1947** to **28 July, 1955**, that I last saw the deceased alive on **28 July, 1955**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

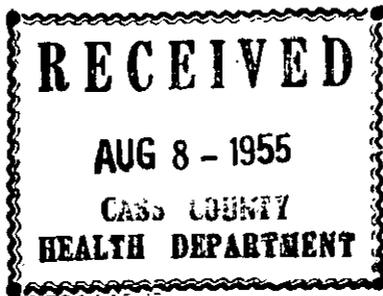
23a. SIGNATURE O. J. Sargin M.D.		23b. ADDRESS Harrisonville Mo		23c. DATE SIGNED 28 July 1955	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE July 31, 1955		24c. NAME OF CEMETERY OR CREMATORY Grant Cem		24d. LOCATION (City, town, or county) (State) near Creighton Mo	
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DATE REC'D BY LOCAL REG. August 1, 1955		REGISTRAR'S SIGNATURE Dora Barison 457-09		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Brown		ADDRESS Urlich Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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 *R. R. Kennedy*.....

Licensed Embalmer No. *702*.....

P. O. Address *Clinton*.....

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.