

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1955

State File No. **33794**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) WEBB CITY	c. LENGTH OF STAY (In this place) 25 YRS	c. CITY OR TOWN JASPER RT#2	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 JANE CHINN HOSPITAL		f. STREET ADDRESS (If rural, give location) 0470	

3. NAME OF DECEASED (Type or Print) a. (First) CECIL	b. (Middle) IVAN	c. (Last) FORSYTH	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 18 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUGUST 9, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) NEOSHO MISSOURI	9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months 2 Days 9 IF UNDER 24 HRS. Hours Min.
13a. FATHER'S NAME LUCIAN FORSYTH		13b. MOTHER'S MAIDEN NAME MARY BELL COX	14. NAME OF HUSBAND OR WIFE GEORGIA FORSYTH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if known) (If not, give war or date of service) unknown		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if known) (If not, give war or date of service) unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEORGIA FORSYTH RT## JASPER, MO	

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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension (Apoplexy) DUE TO (c) Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X		INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 1 yr.	
--	--	---	--	---	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (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 10/5/53, 1953, to 10/18, 1955, that I last saw the deceased alive on 10/17, 1955, and that death occurred at 1:30 A., from the causes and on the date stated above.

23a. SIGNATURE <i>Albin D. Oney</i> (Degree or title) D.O.	23b. ADDRESS Alba, Mo.	23c. DATE SIGNED 10/18/55
---	----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/21/1955	24c. NAME OF CEMETERY OR CREMATORY WEAVER CEMETERY	24d. LOCATION (City, town, or county) (State) ORONOGO MO
DATE REC'D BY LOCAL REG. 10-20-55	REGISTRAR'S SIGNATURE <i>Madeline Switzer</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number
Date Filed
OCT 24 1955

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 Lee*.....

Licensed Embalmer No. *446*.....

P. O. Address *Well*.....

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