

FILED JAN 3 - 1956

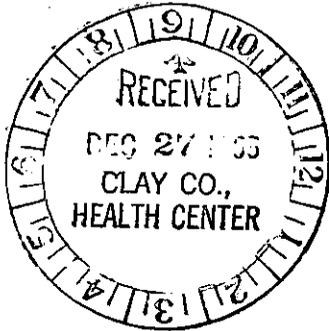
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39985**BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **3014** Registrar's No. **105**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		c. CITY OR TOWN Liberty	
c. LENGTH OF STAY (in this place) life		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 n. venard		STREET ADDRESS (If rural, give location) #54 E. Franklin 60010	
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) FORMAN c. (Last) FORMAN		4. DATE OF DEATH (Month) (Day) (Year) Dec. 18-55	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 8-1868
9. AGE (In years) Last birthday 87		IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Liberty Co.	11. BIRTHPLACE (City and State or Foreign Country) Mo. U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm Forman	
13b. MOTHER'S MAIDEN NAME Agnes Kaucen		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Nell Reynolds		ADDRESS Liberty, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Arterio-sclerotic Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebro-vascular disease DUE TO (c) 3.32x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia	
INTERVAL BETWEEN ONSET AND DEATH 6 days 90 years or more		INTERVAL BETWEEN ONSET AND DEATH 4 days	
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) S. O. Schroeder, M.D.		23b. ADDRESS Liberty, Mo	
23c. DATE SIGNED 12/19/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 20-55	
24c. NAME OF CEMETERY OR CREMATORY Providence		24d. LOCATION (City, town, or county) (State) Clay Co. Mo.	
DATE REC'D BY LOCAL REG. Dec. 21, 1955		REGISTRAR'S SIGNATURE Nabel Graham ADDRESS 491 Church - Arch Co. Liberty, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48



Emb. 3 30

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..... *Harold G. Smith*

Licensed Embalmer No. *40*

P. O. Address... *Liberty*

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.