

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5695**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **5813** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural Upper Route</b>	c. LENGTH OF STAY (in this place) <b>5 1/2 years</b>	c. CITY OR TOWN <b>Wellsville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <b>Star Route Wellsville</b>		e. STREET ADDRESS (If rural, give location) <b>Star Route Wellsville 0700</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EVERETT</b>	b. (Middle) <b>LEE</b>	c. (Last) <b>FORGY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 29, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 21, 1889</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) / <b>, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Not Known</b>	13b. MOTHER'S MAIDEN NAME <b>Not Known</b>	14. NAME OF HUSBAND OR WIFE <b>Allie Marie Forgy</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>498-05-9256</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Allie Marie Forgy, Wellsville Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Les. No injury from</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hearting from family died</b> DUE TO (c) <b>from Coronary Thrombosis</b>		
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	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)	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 **Coronary Les. 10**, 19**56**, that I last saw the deceased alive on **Feb 29**, 19**56**, and that death occurred at **11 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. E. Robertson</b>	23b. ADDRESS <b>Montgomery City, Mo</b>	23c. DATE SIGNED <b>3-1-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>2-29-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Mexico, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-1-56</b>	REGISTRAR'S SIGNATURE <b>Mrs. Antelope Corns</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richard Houston, Mexico, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 19 1958

**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.....  
*Earl E. Orndorff*

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo. ....

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.