

FILED MAY 14 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14087**  
Registrar's No. **28**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5818**

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Moreau Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Moreau</b>	
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>Fortuna, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fortuna, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>Fortuna, Mo.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Silbert E.</b>		b. (Middle) <b>Forworthy</b>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>May 8, 1956</b>	
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. 23, 1880</b>
9. AGE (In years) (Months) (Days) <b>75</b>		10. UNDER 1 YEAR (Hours) (Min.) <b>5 15</b>	
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 _____	
11. BIRTHPLACE (State or foreign country) <b>Morgan Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.U.</b>	
13a. FATHER'S NAME <b>Joseph Forworthy</b>		13b. MOTHER'S MAIDEN NAME <b>Salina Crosswhite</b>	
14. NAME OF HUSBAND OR WIFE <b>Bessie Forworthy</b>		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>No Record</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bessie Forworthy Fortuna, Mo.</b>	

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 <b>5 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma of prostate</b>		
	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.			

19a. DATE OF OPERATION <b>Oct 1951</b>	19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma of prostate 177x</b>		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)	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 **Oct**, 19**51**, to **May 8**, 19**56**, that I last saw the deceased alive on **May 8**, 19**56** and that death occurred at **11 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Jack Gunn, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Versailles, Mo.</b>	23c. DATE SIGNED <b>5-9-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10 May 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Moniteau Co., Mo.</b>

DATE REC'D BY LOCAL REG. <b>5-12-56</b>	REGISTRAR'S SIGNATURE <b>J. S. North</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. F. Kilwell</b>	ADDRESS <b>Versailles, Mo.</b>
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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 .....  
Student Embalmer

Signed

*Raymond C. Foster*

Licensed Embalmer No. *4626*

P. O. Address

*Versailles, 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 this body is not embalmed, fact should be so stated above.