

FILED JUN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19786

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>		b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Beaumont</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>few hrs.</u>		e. STREET ADDRESS <u>7</u> (If rural, give location) <u>0800,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hubert</u>			b. (Middle) <u>Forbes</u>		
c. (Last) <u>Forbes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Apr. 21, 1901</u>		9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 1 YEAR: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Beaumont Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber - Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumber</u>			
13a. FATHER'S NAME <u>Ernest Forbes</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Ferguson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Disease - type unobscured</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Disease - type unobscured</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Present</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4343</u>	
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 <u>July 14, 1956</u> to <u>June 16, 1956</u> , that I last saw the deceased alive on <u>June 16, 1956</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>P. C. Robertson</u>		23b. ADDRESS <u>W. W. State Hospital No 1</u>		23c. DATE SIGNED <u>June 16 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 18 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oliver Branch Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Pettis Co Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>June 16 - 1956</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deane Ewing</u>	
25a. REGISTRAR'S SIGNATURE <u>Narretta Lawrence</u>		25b. ADDRESS <u>Salebia, Mo</u>			

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

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(Licensed Embalmer's Statement on Reverse Side)

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. E. Baker*.....

Licensed Embalmer No. *241*

P. O. Address *Sealeville*

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