

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30506**

FILED SEP 17 1956

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 272	
1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, write RURAL and give township) Windsor OR TOWN Windsor c. LENGTH OF STAY (In this place) 7 days d. FULL NAME OF HOSPITAL OR INSTITUTION Windsor Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis c. CITY OR TOWN Washington Twp. d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> STREET ADDRESS Windsor, Mo. Rural Route 3 10 Miles N.E. Windsor, Mo.			
3. NAME OF DECEASED (Type or Print) ESMA JANE FORTH		4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1956		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 29, 1884		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Cynthiana, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Chambers Buckley		13b. MOTHER'S MAIDEN NAME Melissa Harney		14. NAME OF HUSBAND OR WIFE Everett H. Forth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Everett H. Forth, Windsor, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Vascular accident - 6 days DUE TO (c) Hypertensive Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443X	
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 Sept 4, 1956 to Sept 10, 1956 that I last saw the deceased alive on Sept 10, 1956 and that death occurred at 6:10 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) Edna Wm. B. Poff, M.D.				23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 9/10/1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/12/1956		24c. NAME OF CEMETERY OR CREMATORY Hastain Cemetery		24d. LOCATION (City, town, or county) (State) Hastian, Missouri	
DATE REC'D BY LOCAL REG. 9-12-56		REGISTRAR'S SIGNATURE Mildred Rigum		25. FUNERAL DIRECTOR'S SIGNATURE Dr. Herbert, Sedalia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Russell C. Maa*

Licensed Embalmer No. *488*

P. O. Address *Sedalia,*

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.