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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7842

STATE FILE NUMBER

FILED MAR 26 1957

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>St. LOUIS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FULTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST. LOUIS</b> <u>4000D</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>STATE HOSPITAL #1</b>		Length of stay in lb <u>1 1/2 yr.</u>	d. STREET ADDRESS <b>Box 1040, Route 8</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOHN M.</b> Middle <b>FORGEY</b> Last <b></b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>18</b> Year <b>1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT. 25, 1892</b>		9. AGE (In years last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GARDENER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>	11. BIRTHPLACE (City and state or country) <b>FESTUS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>JOHN M. FORGEY</b>			14. MOTHER'S MAIDEN NAME <b>NANCY VANYARD</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>495-18-0153</b>	17. INFORMANT Address <b>STATE HOSPITAL #1, FULTON, MISSOURI</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIORENAL VASCULAR</b> DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>442X</u>		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. <input checked="" type="checkbox"/> STATE HOSPITAL #1 attended the deceased from <u>9-10-55</u> to <u>3-18-57</u> and last saw him <u>XXXXXX XXXXX XXXXXXXXX</u>		Death occurred at <u>11:05 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>T.D. McCARTHY, M.D. T.D.M. Clatney</b>			22b. ADDRESS <b>STATE HOSPITAL #1, FULTON, MO.</b>		22c. DATE SIGNED <b>3-18-57</b>
23a. BURIAL, CREMATION, BURIAL (Specify)	23b. DATE <b>Mar-21-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		23d. LOCATION (City, town, or county) <b>Affton</b>	(State) <b>Mo</b>
24. FUNERAL DIRECTOR <b>John E. Ziegenhein &amp; Sons</b> 7027 Gravois Ave. St. Louis, Mo			25. DATE RECD. BY LOCAL REG. <b>March-18-1957</b>	26. REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>	

(Licensed Embalmer's Statement on Reverse Side)

Jefferson University 168  
202 W 6th

MAR 26 1957

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 *E. P. Kidwell*.....

Licensed Embalmer No. *38*

P. O. Address *7027 Hwa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If the body is not embalmed, fact should be so stated above.)

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.