

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 17751  
STATE FILE NUMBER

FILED JUN 11 1957

Registration District No. 170 Primary Registration District No. 4264 Registrar's No. 89

300  
-57  
530  
1

1. PLACE OF DEATH a. COUNTY <b>LACRUE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>LACRUE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CONWAY</b>		c. CITY OR TOWN <b>CONWAY MO</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CONWAY</b>		d. STREET ADDRESS (If outside, give location) <b>0530</b>	
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>H</b> Last <b>FORKNER</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>2</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 checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH: <b>MAR 11 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>
13a. FATHER'S NAME <b>MARTIN FORKNER</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA RUSSELL</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</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.	17. INFORMANT Address <b>CHARLES FORKNER CONWAY MO</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>Congestive</b>			INTERVAL BETWEEN ONSET AND DEATH <b>about 2 1/2 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>H2O2</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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. I attended the deceased from <b>6-2-57</b> to <b>6-2-57</b> and last saw her/him alive on <b>6-2-57</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. P. Lindsay, MD</b>		22b. ADDRESS <b>Conway Mo</b>	22c. DATE SIGNED <b>6-4-57</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <b>6-4-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HAPPY HOME</b>	23d. LOCATION (City, town, or county) (State) <b>WEBSTER CO MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>BARBER-EDWARDS MARSHFIELD MO</b>		25. DATE RECD. BY LOCAL REG. <b>6-4-1957</b>	26. REGISTRAR'S SIGNATURE <b>Hella L. Gray</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received

6-10-57

Laclede County Health Unit

File No. 29

Date Filed 6-10-57

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 *Ruef Boole* .....

Licensed Embalmer No. 3848

P. O. Address *Marshfield 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.