

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018172

STATE FILE NUMBER

2316

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED MAY 29 1958

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR BEVEDERE HOTEL INSTITUTION 914 LINWOOD BLD.		Length of stay in lb 35 YEARS	d. STREET ADDRESS (If outside, give location) 914 LINWOOD BLD.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last BLANCHE A. FORSYTHE			4. DATE OF DEATH Month Day Year MAY 6, 1958		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 7, 1883	9. AGE (In years, last birthday) 75	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER	10b. KIND OF BUSINESS OR INDUSTRY MUSIC	11. BIRTHPLACE (City and state or country) PAWNEE, NEBRASKA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SAMUEL DAVID FORSYTHE	13b. MOTHER'S MAIDEN NAME MARY C. KRUTSINGER	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 496-20-0004	17. INFORMANT MRS. PAUL J. GRIFFIN - RICHMOND, MISSOURI	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) Arterial Sclerotic heart disease	Many years
	DUE TO (c) Arterial hypertension	Many years
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.)
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20c. TIME OF INJURY Hour Month, Day, Year	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
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21. I attended the deceased from April, 30, 1958 to 58 May, 6, 1958 and last saw her alive on April, 30, 1958	Death occurred at 12:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. W. Farmed (Degree or title)	22b. ADDRESS 402 Wirthman Bldg	22c. DATE SIGNED May, 7, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 8, 1958	23c. NAME OF CEMETERY OR CREMATORIUM FAIRVIEW	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS K.C., MO	25. DATE RECD. BY LOCAL REG. 5-7-58	26. REGISTRAR'S SIGNATURE neva minshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

V. W. Harned

8561 - 8 70C.

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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 *Harold E. Carter*

Licensed Embalmer No. *3035*

P. O. Address *Ch. E. ...*

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.