

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026039

STATE FILE NUMBER

Health & Welfare
Public Service
502
5.300
1-57

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 59

FILED AUG 13 1958

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN De Soto		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN DeSoto
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 613 E. Third St.		Length of stay in 1b 28 Yrs.	d. STREET ADDRESS (If outside, give location) 613 E. Third St.
3. NAME OF DECEASED (Type or print) First Middle Last MINNIE ELIZABETH FORSHEE		4. DATE OF DEATH Month Day Year Aug. 6, 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 10, 1885
9a. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS. birth/day) Months Days Hours Min. 72		9. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS. birth/day) 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 None	11. BIRTHPLACE (City and state or country) E. Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jonathan Bess	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Wm. Forshee (Deceased)	
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. 493-05-0394	17. INFORMANT Address Violet Johnson Star Rt. DeSoto, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease, with 2 years t. angina pectoris</u> DUE TO (b) <u>Myocardial insufficiency</u> DUE TO (c) <u>Arteriosclerosis of coronary arteries</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500			INTERVAL BETWEEN ONSET AND DEATH 2 years 2 years 2 years t.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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. I attended the deceased from <u>May, 1956</u> to <u>Aug. 6, 1958</u> last saw her alive on <u>July 2, 1958</u> Death occurred at <u>8:00 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>	
22b. ADDRESS <u>DeSoto, Mo</u>		22c. DATE SIGNED <u>8-7-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/9/58	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) (State) De Soto Mo.
24. FUNERAL DIRECTOR ADDRESS J. Lee Mothershead DeSoto, Mo.		25. DATE RECD. BY LOCAL REG. 8-8-1958	26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 20 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 12 1958

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 *Lee M. Steward*

Licensed Embalmer No. 3531

P. O. Address Desoto

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.