

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005743

FILED VS MAR 3 1960

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 36

STATE FILE NUMBER

| | | | | | | | | | | |
|--|----------------------------------|---|--|---|--|--|---|--|---------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett, Ind. Twp. 54 mos</u> | | Length of stay in 1b | | c. CITY OR TOWN <u>Kennett.</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 mi SE. Kennett.</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>Rural #1</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ARTER NORTHLET FORBUSS</u> | | | | 4. DATE OF DEATH Month Day Year <u>2 - 16 - 1960</u> | | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH <u>3-4-1885</u> | 9. AGE (last birthday) <u>74</u> | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (City and state or country) <u>Jackson Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Benjamin B. Forbush</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Bette Martin</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Jessy House (divorced)</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>489-18-5150</u> | | 17. INFORMANT <u>Una Lois Crisel, Kennett Mo.</u> | | | | Address | |
| 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>Coronary Thrombosis</u> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>tuberculosis - active</u> | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | |
| 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 e.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>Jan 27, 1960</u> to <u>Feb 10, 1960</u> and last saw him alive on <u>Feb 10, 1960</u> Death occurred at <u>4:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Chester R. Peck M.D.</u> | | | | | 22b. ADDRESS <u>Kennett Mo</u> | | | 22c. DATE SIGNED <u>2/23/60</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>2-18-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo</u> | | | | | |
| 24. FUNERAL DIRECTOR <u>Lloyd Russell</u> | | | ADDRESS <u>Lidea, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Feb 23 - 1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Carl Hubbard</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509-6

P. O. Address Jiggott, Ar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.