

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026845

FILED VS. AUG 8 1960

149

Primary Registration District No. 1002 Registrar's No.

3824

STATE FILE NUMBER

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		Length of stay in 1b 10 yrs.	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Newberry Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8020 Ward Pkwy.	
3. NAME OF DECEASED (Type or print) First Harriet Middle Forsythe Last Forsythe			4. DATE OF DEATH Month July Day 24, Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-17-1870	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months 3 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Plattsburg, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Fitzhugh Frost		13b. MOTHER'S MAIDEN NAME Lucy Birch		14. NAME OF HUSBAND OR WIFE Charles Forsythe	
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. none	17. INFORMANT Address Lyons Funeral Home, Plattsburg, 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) BRONCHIAL PNEUMONIA					INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE					5 YRS
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BED-RIDDEN BECAUSE OF RECENT CEREBRAL THROMBOSIS					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ a.m. _____ p.m. _____	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
21. I attended the deceased from JULY 20, 1960 to JULY 24, 1960 and last saw her alive on JULY 20, 1960 Death occurred at 5:20 a m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James W. Fowler, M.D.			22b. ADDRESS 1103 GRAND AVE KANSAS CITY, MO.		22c. DATE SIGNED 7-25-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-25-60	23c. NAME OF CEMETERY OR CREMATORY Plattsburg.		23d. LOCATION (City, town, or county) (State) Plattsburg, Missouri	
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 7-25-60	26. REGISTRAR'S SIGNATURE Edward Minshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF James W. Fowler

AUG 12 1968

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 Orvil Boberson

Licensed Embalmer No. 4239
P. O. Address R. C. M.

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.