

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039231

11 PA VS NOV 15 1960 274

Registration District No. _____ Primary Registration District No. 2052 Registrar's No. 319

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pettis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA		Length of stay in lb 6 days.		a. STATE Missouri b. COUNTY Benton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Edwards.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					d. STREET ADDRESS (If outside, give location) Forthview		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last GROVER JACKSON FORTH				Month Day Year Nov 10 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec 21, 1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR	IF UNDER 24 HR
						Months 10	Days 19
						Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner.		11. BIRTHPLACE (City and state or country) Hastain, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME William Robert Firth			13b. MOTHER'S MAIDEN NAME Metha E. Young.		14. NAME OF HUSBAND OR WIFE Bessie Firth		
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 Bessie Firth Rt 2 Edwards, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Bronchogenic Carcinoma of Left Lung & Generalized Metastases							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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					
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 August 1960 to Nov 10 1960 and last saw him alive on Nov 9, 1960							
Death occurred at 7:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. W. Boyer M.D.				22b. ADDRESS Sedalia Mo		22c. DATE SIGNED 11/10/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 12, 1960	23c. NAME OF CEMETERY OR CREMATORY Massey Cemetery		23d. LOCATION (City, town, or county) Edwards Benton Co. Mo		(State)	
24. FUNERAL DIRECTOR John F Reser			ADDRESS Warsaw		25. DATE RECD. BY LOCAL REG. 11-12-1960	26. REGISTRAR'S SIGNATURE Frances Shelby	

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.