

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047238

FILED VS JAN 10 1961

316

517

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Frankclay,	Length of stay in 1b 3mos.	c. CITY OR TOWN Blake Nursing Home	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frankclay	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Flat River,	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Victoria Middle Forbes Last _____	4. DATE OF DEATH Month December Day 28, 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 11/2/1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 1 Days 28	IF UNDER 24 HR 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 Housewife	11. BIRTHPLACE (City and state or country) Nashville, Tenn.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	---	--

13a. FATHER'S NAME Major Holland	13b. MOTHER'S MAIDEN NAME Nancy Willis	14. NAME OF HUSBAND OR WIFE James Forbes
--	--	--

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 Mrs. Nell Sauncagrew, Leadwood, Mo.	Address _____
---	--	---	---------------

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) Diabetes Mellitus, Atherosclerosis	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.) None
---	---	---

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 **May 1960**, to **Dec 28 1960** and last saw her ^{her} _{him} alive on **12-28-60**
Death occurred at **8:35** P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE NO Beck (Degree or title) MD	22b. ADDRESS 1000 ...	22c. DATE SIGNED 12-30-60
--	---------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/31/60	23c. NAME OF CEMETERY OR CREMATORY Germania Cemetery	23d. LOCATION (City, town, or county) (State) Bonne Terre, Rt. 2, Mo.
--	------------------------------	--	---

24. FUNERAL DIRECTOR Sparks Funeral Home	ADDRESS Bonne Terre, MO.	25. DATE RECD. BY LOCAL REG. Dec. 30, 1960	26. REGISTRAR'S SIGNATURE Esther Rudloff
--	------------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

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 Emerett Sparks

Licensed Embalmer No. 478

P. O. Address Bonne Se

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