MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

FILED AUG 14 1961

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 233 -61-024533 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 325 Ash Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MORRIN Middle QUARLES Last FORBES

4. DATE OF DEATH: Month August Day 8 Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-23-1893
9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months 4 Days 16 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cowgill, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Porter Forbes
13b. MOTHER'S MAIDEN NAME: Rebecca Renfro
14. NAME OF HUSBAND OR WIFE: Mable Blunt Forbes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
17. INFORMANT: Mrs. Mable Forbes Address: 325 Ash St., J.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occulsion — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gen. arteriosclerosis & hypertension — 2 years
DUE TO (c): Diabetes Mellitus — 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Kimmelstiel Wilson Disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7/17/61, to 8/8/61 and last saw ~~her~~ him alive on 8/8/61
Death occurred at 7 25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): N Kanagawa MD
22b. ADDRESS: 515 E High M
22c. DATE SIGNED: 8/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 10, 1961
23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Victor Brieschke JCMo
25. DATE RECD. BY LOCAL REG.: 9 August 1961
26. REGISTRAR'S SIGNATURE: R.P. Dorris Mo N Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1962

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address [illegible]

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.