MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030488
STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 343

FILED SEP 12 1961

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River Mo
Length of stay in 1b: 2 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rest Haven Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Overland (14)
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2323 Ruckert
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: HENRY Last: FORBES
4. DATE OF DEATH Month: Sept. Day: 2 Year: 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-31-1876
9. AGE (last birthday) 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Kentucky
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Thomas Forbes
13b. MOTHER'S MAIDEN NAME Josephine Johnson
14. NAME OF HUSBAND OR WIFE Mattie Forbes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
17. INFORMANT Mattie Forbes Address 2323 Ruckert-Overland

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis — 4 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) Senility
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 Aug 21 1961 to Sept 2 1961 and last saw him alive on 9-2-61
Death occurred at 1:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. W. Dugan (Degree or title) DO
22b. ADDRESS Flat River Mo
22c. DATE SIGNED 9/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9-6-1961
23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park Cem.
23d. LOCATION (City, town, or county) Fredericktown, Mo. (State)

24. FUNERAL DIRECTOR Baumann Bros. Inc.
ADDRESS 2504 Woodson Rd. Overland 14, Mo.
25. DATE RECD. BY LOCAL REG. Sept. 3 1961
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed David C. Gibson

Signature of Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14

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.