

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-042118**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 451

**FILED NOV 28 1961**

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Perry</b>		Length of stay in 1b <b>17 years</b>	c. CITY OR TOWN <b>Bonne Terre</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R. R. #2 Bonne Terre,</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R. R. # 2</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ARY</b> Middle <b>ELLEN</b> Last <b>FORCHEE</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>11</b> Year <b>1961</b>			
5. SEX <b>F.</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/8/1896</b>	9. AGE (last birthday) <b>65</b>	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) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>in own Home</b>		11. BIRTHPLACE (City and state or country) <b>Bonne Terre, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
13a. FATHER'S NAME <b>George Buckingham</b>		13b. MOTHER'S MAIDEN NAME <b>Fine Galvey</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. J. B. Forchee</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)  
**No** | **None**

17. INFORMANT **Wm J.B. Forchee** Address **R. R. #2 Bonne Terre, 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) **General Arteriosclerosis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Adverse reaction to**

DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH **2 yr**

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.  
 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 **April 1959** to **11-11-61** and last saw her <sup>her</sup> <sub>live</sub> on **11-10-61**

Death occurred at **9:30 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **H. O. Sparks** (Degree or title) \_\_\_\_\_ 22b. ADDRESS **Bonne Terre, Mo** 22c. DATE SIGNED **11-20-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **11/13/1961** 23c. NAME OF CEMETERY OR CREMATORY **Bonne Terre** 23d. LOCATION (City, town, or county) **Bonne Terre, Mo.** (State)

24. FUNERAL DIRECTOR **Dale Sparks, Bonne Terre, Mo.** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **Nov. 20, 1961** 26. REGISTRAR'S SIGNATURE **Cather 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Bonnie Lerr

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.