SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-045730
STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 65

AMENDED

FILED DEC 29 1961

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Little Prairie — Length of stay in 1b: 21 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCardy Gin Community — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Wilma Middle Forsythe Last Boone
4. DATE OF DEATH: Month December Day 13 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/23/07
9. AGE (last birthday): 54 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Hickman, Kentucky
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Will Cleveland Forsythe
13b. MOTHER'S MAIDEN NAME: Anola Williams
14. NAME OF HUSBAND OR WIFE: Rufe Boone
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Rufe Boone-Rt. 1, Caruthersville, 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) Cerebral Metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Mammary Adenocarcinoma — 3 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)
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 July 1961, to Dec 13, 1961 and last saw her alive on Dec 13, 1961
Death occurred at 1:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Carr MD
22b. ADDRESS: Caruthersville Mo
22c. DATE SIGNED: 12/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/15/61
23c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery
23d. LOCATION (City, town, or county) (State): Caruthersville, Missouri

24. FUNERAL DIRECTOR ADDRESS: H.S. Smith Funeral Home-C'ville.Mo.
25. DATE RECD. BY LOCAL REG.: 12-16-1961
26. REGISTRAR'S SIGNATURE: Jack W Tipton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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 W. Denver Pike

Signature of Student Embalmer

Licensed Embalmer No. 4489

P. O. Address Carutherseville

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.